

CHEMIST & DRUGGIST

The newsweekly for pharmacy

April 10, 1993



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The result?

Seven Seas was placed first in thirty seven of the categories and equal first in the thirty eighth. It's nice to see a British company, who, in the opinion of the retailer, clearly has no equal.

*Source: Nielsen

Pay offer puts Barnet Health Care at risk

Competition a factor in new contract awards

Police criticise short sentence for drug supply

Ann Rossiter: queen of soaps

BPSA condemn DoH pay offer

Get into shape to merchandise

Extended role or over-extended pharmacists?

Sunday trading illegal determine Law Lords

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Comment

This week the Government's unstated but unwritten resolve — to crudely cut the number of pharmacies in England and Wales by pound-pinching monies from its "favourite" health profession — could be tested by Barnet Local Pharmaceutical Committee's concern's about the viability of its much vaunted High Street Health Scheme. The Middlesex LPC Group's concern about the derisory Department of Health pay offer was first revealed in *Chemist & Druggist* (March 20, 487), and latched onto by the chairman of the Pharmaceutical Services Negotiating Committee, David Sharpe, (**Comment** March 20) as a possible local *modus operandi* for contractors threatened by the proposed national pay deal.

The Government should not be fooled into thinking Barnet LPC chairman Adrian Korsner is playing politics; he is talking about the consequences of the Government re-tying the pharmacist to the dispensary bench. Others point to the outcome of the decimation of the smaller pharmacy contractors at the apparent whim of the Exchequer. Patients will lose access to conveniently situated pharmacies in suburban High Streets and housing estates, as well as villages. The old, mothers with young children, and the disabled and disadvantaged, will be faced with long treks on foot, by bus, or — if they have one — by car, to reach the pharmacy where free

healthcare advice is on tap. People denied the opportunity to self-medicate under the wing of their friendly pharmacist will be thrown back on the booked-up, over-burdened, strapped-for-NHS-cash GP. Doctors with tightening drug budgets and a shrinking list of things to prescribe have appeared keen to devolve responsibility for common ailments to the pharmacist. So has the DoH.

The Barnet High Street Health Scheme may be the cream — at least in the eyes of Health Secretary Virginia Bottomley, both when she opened, and on occasions since, when she has praised the "model" project — but it is but one of the many good things pharmacy is doing cost-effectively for the health of the nation. If the Government removes the "cheap" pharmacy option then it must foot the expensive solution that will be proffered by GPs. It cannot even afford nurse prescribing, another of its cheaper NHS options, so why it should choose to rub the nose of pharmacy in pay dirt is beyond belief.

This week the president condemns the DoH pay offer as "basing the future of a vital community health resource on numbers pulled out of the air" (p644). David Coleman says that vandalising the NHS pharmacy service will produce no short-term savings. The Government should cut its losses as identified by the president and continue to support its best supporter, pharmacy.

Remuneration offer could prejudice Barnet scheme

The remuneration offer from the Department of Health, with its 2,000 scripts a month qualifying level for the practice allowance, will have a detrimental effect on local initiatives including the acclaimed High Street Health Scheme in Barnet.

Pharmacists are concerned that while the public may still have reasonable access to pharmacies their ability to contact a pharmacist for counselling and advice will be seriously compromised.

Adrian Korsner, chairman of Barnet Local Pharmaceutical Committee and the Middlesex Pharmaceutical Group, has slammed the DoH's offer as "a totally unfair and unrealistic way of remunerating contractors".

The existence of Barnet's High Street Health scheme, launched over a year ago by Virginia Bottomley, a pilot project for domiciliary care, needle and syringe exchange and pharmacy's

input into Care in the Community are all at risk under the new remuneration offer, Mr Korsner believes. "We won't be able to do any of these if we are tied to the dispensary doing the numbers game."

"In Barnet, the majority of pharmacies involved in the needle and syringe exchange scheme for example dispense under 2,000 scripts a month," he told C&D. "The scheme would collapse under the new arrangements and the multiples would not take up the slack."

"There cannot be any argument, except apparently from the Department, that as the pharmacist spends more time on the dispensing function his or her ability to counsel and advise must be reduced," he says.

"Similarly, the excellent initiatives by Barnet FHSA in using the full skills of the pharmacist in such things as health promotion and education,

domiciliary visits to housebound patients, looking after residential homes, syringe and needle exchange, dietary advice, anti-smoking clinics etc will of necessity cease due to pressure of dispensing work. There is little chance of doing anything else."

The plight of the Middlesex contractors has also been brought to the attention of the Mayor of Barnet in a letter designed to coincide with the introduction of Care in the Community on April 1.

The letter makes the point that patients need and rely on their pharmacist for advice and describes the Treasury's conclusion that large pharmacies are giving better service and are cheaper than smaller ones, as "very incorrect".

As the volume of dispensing increases, the pharmacist becomes less available to assist and counsel patients, the letter explains. "If the pharmacist does

not have sufficient time to speak fully to patients there is a real risk that prescribed medicines will be used inappropriately or taken incorrectly. "It is totally illogical that at a time of increasing community need we are witnessing the destruction of such a vital and useful service."

A meeting on March 30 with the DoH's under-secretary Melvyn Jeremiah, left Mr Korsner with the impression that no contractor is safe. He feels the DoH's intention is to withdraw money from the global sum until the pharmaceutical service collapses and then to come in and prop it up again at a lower level.

While the Government's proposals are likely to disadvantage around 25 per cent of pharmacies in England and Wales, for demographic reasons the figure is higher in Barnet with 55 per cent of contractors under threat.

In Brent the figure is 62 per

Council criticises DoH's remuneration offer

Linking the new professional allowance to the number of items dispensed each month means the Government is "basing the future of a vital community health resource on numbers pulled out of the air," the Royal Pharmaceutical Society's Council has warned.

Speaking at the meeting of the Council's Practice Committee on April 6, president David Coleman said that the Government's "inexplicable decision" to award the professional allowance in this way "ignored the importance of the very services it was designed to recognise".

The Council, which has long been in favour of a rational distribution of pharmacies, has criticised the DoH's proposals which could threaten up to a quarter of pharmacies in England and Wales without any data to assess how this would affect public access to pharmaceutical services.

"The number of prescriptions dispensed by a community pharmacy cannot be used as the sole measure of the value of the service it provides," said Mr Coleman.

"A pharmacy is judged by its local community for the quality and range of the services offered and every community will have a differing need profile," added Mr Coleman.

The Royal Pharmaceutical Society has convened its own

working party to define the factors which will ensure that everyone can visit a pharmacy conveniently.

Meanwhile, in a letter to the Minister for Health Dr Brian Mawhinney on March 19, the Pharmaceutical Society has called on the Government to reconsider the implications of its plans and to avoid taking any hurried action that could have adverse effects on the pharmaceutical service.

"There would be no short-term saving to the NHS in vandalising the service and it would be truly contrary to the Government's policy of encouraging people to take more personal responsibility for their health," said Mr Coleman.

Selected List: manufacturers to hear soon...

The manufacturers of products in the first three categories of the extended Selected List to be considered by the Advisory Committee on NHS Drugs can expect to hear in the next few days if their products are likely to be blacklisted.

The Committee met on April 1 and considered preliminary reports on the first three categories under consideration:

- Topical anti-rheumatics
- Anti-diarrhoeal drugs and appetite suppressants
- Drugs for vaginal and vulval conditions.

Manufacturers are being invited to provide details of drugs which "the Committee is minded to consider further for possible inclusion" [in the Selected List].

These submissions will be considered by the Committee when it next meets on May 6.

Makers of those products which the Committee then concludes should be recommended for inclusion in the List will be notified and given the opportunity of making further representations before a final decision is made.

On May 6 the Committee will consider preliminary reports on the following categories:

- Hypnotics and anxiolytics
- Drugs used in anaemia
- Topical corticosteroids.

The Advisory Committee is only concerned with the therapeutic value and prices of medicines, Jim Furniss of the DoH Pharmaceutical Industry Branch told a meeting of the Proprietary Association of Great Britain last week.

He stressed no direct link exists between the legal status of a medicine and its NHS status. He added that the Committee had no inside knowledge of POM to P switches being considered by the Medicines Control Agency unless they had been told by manufacturers.

The Department hopes to lay an Order before Parliament before it breaks for the Summer recess in July to schedule the first tranche of medicines onto the Selected List. The aim is to place a further Order in November or December, said Mr Furniss.

Current rates of pay to continue

The plight facing community pharmacies if the Department of Health goes ahead with its current pay offer has been receiving widespread coverage in local papers.

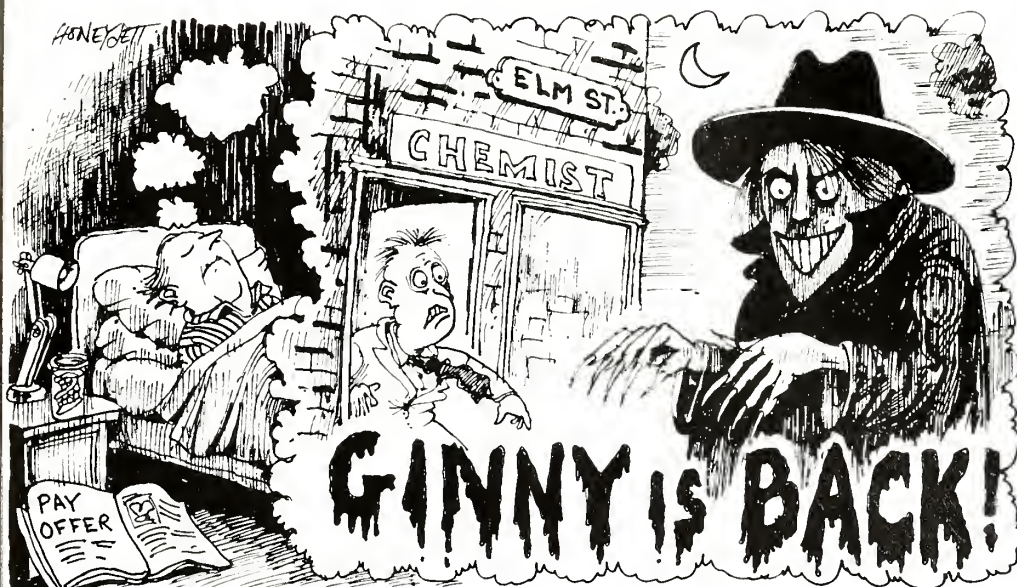
However, it is too early to say whether public opinion and the unusual intervention of the Royal Pharmaceutical Society is having any influence on DoH or Treasury thinking.

Until a new settlement (or imposition) takes place the

remuneration arrangements which came into effect last November will remain in place.

A meeting between Pharmaceutical Services Negotiating Committee officers and the Department will take place on Tuesday to "take forward administrative issues".

PSNC will also want to know if it can expect a response on the rejection of the 1993-94 offer from the DoH prior to the next Committee meeting.



cent, 59 per cent in Ealing, Hammersmith and Hounslow, 50 per cent in Hillingdon and 41 per cent in Enfield and Haringey.

However, the Middlesex Group has now stepped back from its initial stance of withdrawing support for local initiatives, if only temporarily.

Because of the support of the FHSAs, such as Barnet, the

Group feels it should continue with its role for the time being. However, Mr Korsner did not rule out action in the future if the outcome of the negotiations was unsatisfactory.

"We are very upset and feel that we are being treated totally differently to GPs because we are seen as being weak," he told C&D.

Mr Korsner stresses that the

Middlesex Group is doing all it possibly can to support all contractors regardless of size to ensure that they receive appropriate remuneration.

But the Group's executive need to know the views of all contractors in the area. Anyone wishing to comment can contact the group through secretary Michael Levitan on 081-346 9967.

Competition can be considered in applications

A judge has ruled that a family health services authority and the Appeals Unit acted lawfully in considering the benefits of competition when awarding a pharmacy contract.

The decision to allow an independent contractor to open, in preference to a second application from a multiple who already owned the only pharmacy in the town, was challenged in London's High Court on April 2. Permission was granted despite the fact that the application from the independent was received after that from the multiple.

The situation, in the Cambridgeshire town of Soham, arose after independent pharmacist John Peers and Cross & Herbert Ltd, part of the Lloyds Chemists' group, both applied to open a new pharmacy in Soham High Street.

The court heard that Cross & Herbert already owned the only other pharmacy in the town and Mr Justice Pill ruled that the Appeal Unit was entitled to take into account the public interest in healthy competition before deciding in favour of Mr Peers.

Cross & Herbert's counsel, Mr Christopher Katkowski, said that in September 1990, the company was given permission to relocate its pharmacy from Pratt Street in the centre of Soham to Brewhouse Lane on the edge of

town, close to a health centre.

That left a vacuum in the centre of Soham and on October 3 1991, Cross & Herbert applied to Cambridgeshire FHSA to open a pharmacy in the High Street.

Mr Peers put in his own application to open a pharmacy in the High Street nine days later and, on January 6 last year, the Authority granted him preliminary consent.

At the same time Cross & Herbert's application was rejected by the Authority and the company took its case to the Appeals Unit, who rejected the case on January 13 this year.

The judge dismissed Cross & Herbert's challenge to the Family Health Services Appeal Unit's ruling, saying the Unit had not taken into account any irrelevant factors and had decided the case lawfully.

He said that the Appeal Unit was entitled to take into account the public interest in not having both Soham pharmacies in the same ownership before reaching its decision.

Although Mr Peers may not have put in his application first, the Appeal Unit was entitled to treat the need for competition as the "decisive factor" in his favour, Mr Justice Pill ruled.

• Stephen Axon, secretary of the Pharmaceutical Services Negotiating Committee, said that

the judgement would be of considerable interest to contractors. However, he was unable to comment in detail until he had read the transcript of the judge's ruling.

Originally it had been a general rule that applications were considered in order but in one of the later changes, FHSAs were permitted to look at a number of applications together, he said.

"As far as PSNC is concerned, our general approach to contract applications is always to consider each one as an application to provide pharmaceutical services," Mr Axon continued. "PSNC doesn't draw any distinction between multiples, independents, franchisees, supermarkets or any other contractors."

DUMP for Doncaster

Doncaster pharmacists have found a solution to their mounting stocks of unwanted medicines.

The local family health services authority has allocated £1,700 to clear the backlog and a further £5,700 for a twice-yearly DUMP campaign, the first planned next month. Pharmacists are asked to complete a form saying how many containers they will need. After filling and sealing, the bins

Gwent pharmacists congratulated

Questionnaires completed by the public during Gwent's Pharmacy Awareness Week provide an encouraging insight into how community pharmacists might develop their role.

They also show that the county's pharmacists deserve a pat on the back — of the 416 people interviewed 90 per cent considered the services they received were very good or excellent.

Pharmacy Awareness Week, held in November last year, visited five different towns throughout Gwent. Local pharmacists were on hand to answer the public's questions and literature and leaflets were displayed.

A questionnaire filled in by members of the public also showed positive responses on waiting times and the availability of items. 74 per cent said that their pharmacists had the items they needed in stock all the time and on average 85 per cent waited less than ten minutes for their prescriptions to be dispensed.

Some 90 per cent of respondents said they regularly used the same pharmacy and 44 per cent used the pharmacy nearest their home while the remainder chose the pharmacy near to their GP's surgery or in the town where they shop.

Plans are underway for a follow up pharmacy week in September this year which will concentrate on cardiovascular disease, taking as its theme a healthy heart.

Three quarters of residents living in Blaenau Gwent, an area of the county which suffers from very high rates of cardiovascular disease, welcomed the prospect of pharmaceutical advice on losing weight, giving up smoking and the measurement of cholesterol levels and blood pressure.

Gwent FHSA chairman pharmacist Ken Rew and chief administrative pharmaceutical officer Lynne Price believe that the county's 96 community pharmacists are well placed to play an important part in the development of primary care.

Police criticise 'lenient' sentence for drug supply

Scotland Yard police officers have criticised a judge who gave a "lenient" 12 month jail sentence to a pharmacist who admitted illegally supplying drugs with a street value of over £1 million.

Paresh Samani, 43, of Mount Pleasant Road, Kilburn, admitted supplying over 560,000 temazepam capsules, which sell for between £1 and £3 each to drug addicts.

He also admitted acting as a "middleman" helping three other un-named chemists, working from pharmacies all over the London area, to illegally supply a further 622,000 capsules. The three also face prosecution.

At Harrow Crown Court on April 1, Judge Ann Goddard QC sentenced Mr Samani to 12 months in prison when he admitted one charge of supplying temazepam between April 23 and October 20 1992. She also ordered him to pay back £43,165 under the Drugs Trafficking Act — the amount he is alleged to have earned. Sentencing him, she said his position as a pharmacist was an aggravating factor.

Detective Sergeant Nigel Tilley, of Scotland Yard's Operation Branch, who was one of the officers in charge of the case, said: "The street value of the drugs is in excess of £1 million on the streets of Glasgow and other big cities, where it is causing deaths by its abuse."

"This sentence does not reflect the gravity of the offence. I hope other pharmacists won't take it as a licence to abuse their position in the same way."

The court heard that the offences took place over a six month period beginning in April 1992 after Mr Samani, who admits he has had a "cocaine

habit", had finished serving a three month prison sentence for possession of cocaine. He had obtained the drug through the pharmacy he jointly owned with his father in Kilburn.

Defending, Ms Jacqueline Levene said Mr Samani, started supplying in order to feed his drug addiction. He was able to obtain temazepam in bulk with ease from wholesalers and then sold the drugs on to a mystery man called "John" for £35 per canister of 500 capsules.

The case came to light during

police enquiries into the activities of several pharmacies in London. It was also noted during receivership enquiries that Mr Samani had ordered an "unusual amount" of temazepam, said prosecutor Mr Iain Dootson.

Mr Samani claimed he acted simply as an intermediary for the other pharmacists, passing money from "John" to the pharmacists who supplied him with temazepam to return to "John" in exchange. He said he only received £2,250 for that involvement.

Pharmacist given discharge after death of addict

A pharmacist who gave seven days supply of methadone to a drug addict who was later found dead from an overdose, was given a conditional discharge for two years at Cardiff Crown Court.

Adrian Fraser-Jones admitted two offences of contravening the Misuse of Drugs Act but denied a charge of unlawful killing. Mr Fraser-Jones, of Davies Avenue, Bryncethin, Bridgend, was given a conditional discharge for two years, fined £1,000 and ordered to pay £300 costs.

The drug addict persuaded the pharmacist to dispense seven days supply of methadone and was found dead from an overdose 14 hours later, the court was told.

Carl Sealey, 21, of Parc Road, Cwmparc, was supposed to receive a daily dose of the heroin substitute but the pharmacist had "fallen into the trap of an error of judgement" and handed over the large quantity.

An autopsy discovered that Mr Sealey had three different types of

drug in his blood and the court ruled that factors other than a methadone overdose played a part in his death.

Passing sentence, Mr Justice Leonard said that what was "bad and reprehensible" with someone of the defendant's reputation and experience was that he thought he had the right to disregard the doctor's prescription and thereby break the law.

Mr John Griffith Williams QC, defending said there was no evidence that Mr Sealey had taken all the methadone dispensed to him and claimed there was "a big gap in the evidence". He said Mr Fraser-Jones regretted being persuaded to give a week's supply but he genuinely saw no risk.

The police officer involved with the case, Detective Inspector John Davies, said he believed Mr Fraser-Jones would never have given the drug if he thought Mr Sealey was going to take it all at the same time.

More stars

In last week's Suncare feature the graph (p625) illustrating the Diffey method should read four stars for maximum UVA protection and one star for moderate protection, and not as shown in the diagram.

Practice research

Pharmacists are reminded that the closing date for submission of communications and posters for the pharmacy practice research sessions at the 1993 British Pharmaceutical Conference is April 16. The conference is being held at the University of Reading from September 21-24.

Wholesale licences

Regulations coming into effect on April 13 implement in part Council Directive 92/25/EEC concerning the wholesale distribution of medicinal products for human use. The Medicines Act 1968 (Amendment) Regulations 1993 (SI 1993 No 834, HMSO £1.10) exempts pharmacists from requiring a wholesale dealer's licence. Other requirements are covered in the Medicines (Applications for Manufacturer's and Wholesale Dealer's Licences) Amendment Regulations 1993 (SI 1993 No 832, HMSO £1.10) and the Medicines (Standard Provisions for Licences and Certificates) Amendment Regulations 1993 (SI No 833, HMSO £1.10).

New NHS Trusts

Virginia Bottomley, Secretary for Health, has announced three new NHS Trusts in South London from April 1, 1993. These will be the combined Guy's and St Thomas' NHS Trust, the Lewisham Hospital NHS Trust and King's Healthcare NHS Trust. In addition, Camberwell Community Services will be acquired by the West Lambeth NHS Trust and Optimum Health Care NHS Trust from April 1.

Treatment for early AZT of no benefit

Preliminary findings of the latest study into AZT (zidovudine) has shown that it has failed to increase life expectancy in asymptomatic HIV-infected individuals.

The results from the three year Anglo-French Concorde trial determined that there is no significant clinical benefit to HIV positive individuals in terms of survival or disease progression to AIDS or AIDS-related complex (ARC) in those who started zidovudine immediately, rather than those who waited for the onset of symptomatic disease.

Four trials previously carried out in the US had produced results which indicated a delay in the clinical progression to AIDS and severe ARC if zidovudine was

given to the patient in the asymptomatic stage of the disease. These results were obtained in about one year after which the trials were terminated due to their apparent success.

Concorde is the only trial to have investigated the delay in symptomatic disease over a period of three years using zidovudine. The Concorde trial initially produced similar results to the US trials but after three years there was no significant difference in disease progression between the group given zidovudine immediately and those given the drug when they became symptomatic (deferred).

The two groups showed a significant difference in CD4 (T-helper) cell count changes

over time. There was an initial increase in the immediate group but not the deferred group. The difference in the average change in CD4 was about 30 cells during the trial. This result, considering the lack of difference between disease progression in the two groups, casts doubts upon the value of using changes in CD4 count as a predictive measure for the effects of antiviral therapy.

The future of HIV management is now thought to lie with combination therapy using zidovudine as a component of therapy. The European-Australian Delta study is currently looking at combination therapy of zidovudine with didanosine or zalcitidine.

Dr Fiona Bagg, consultant

genito-urinary physician at the Kobler Centre, said they had been offering combination or alternative regimens of anti-retroviral therapy for many years. The treatment aim is to intervene while the disease is asymptomatic and the virus is actively replicating. Zidovudine has been shown to give clear benefit for about one year.

The use of zidovudine in the treatment of symptomatic disease has not been questioned by this survey. When given during the symptomatic stage zidovudine can prolong life expectancy by nine months. Following publication of the study in *The Lancet*, Wellcome share prices fell from 743p to 658p, and now stand at 721p.

PIP codes for cosmetics

The April edition of the *C&D Monthly Price List* includes unique PIP codes for each colour shade of cosmetics listed in italics below the product entry.

This is the latest benefit from extension of the PIP code to seven digits; others having included full coding of generics and ostomy products.

'Health of the Nation' translated

The Department of Health has translated popular versions of the booklet "Health of the Nation" into ten minority languages.

Published in July 1992 and outlining five key areas for improvements in the nation's health, "Health of the Nation" is now available in Bengali, Gujarati, Hindi, Punjabi, Urdu, Chinese, Vietnamese, Greek, Turkish and Polish.

"We are now taking the Government's health strategy message to those whose first language is not English," said Health Secretary Virginia Bottomley.

"The chief medical officer, in his annual report last September, highlighted the challenge that black and ethnic health provision provide. It is important that we meet those challenges and that the minority sections living in this country understand what we are trying to achieve in raising the standards of health."

Labour MPs seek changes to Legal Aid

Labour MPs are pressing the Government to ensure that legal aid is provided for multi-party actions brought against drug companies by persons adversely affected by the use of tranquillisers.

Two front bench spokesmen, Mr Paul Boateng and Mr Ian McCartney, are the leading signatories of a Parliamentary Motion supported by more than 70 MPs calling on Lord Mackay of Clashfern, the Lord Chancellor, to bring forward proposals to reform the law and the court procedures in multi-party cases.

The motion also calls on the Legal Aid Board to review recent decisions that have led to the withdrawal of legal aid and to make provision which guarantees that no one with a valid claim is denied the opportunity to pursue it through lack of means.



Regulation Scheme.

The same day, I had a complaint from a patient that I had dispensed generic atenolol when they wanted Tenormin, and that they were always given Tenormin when they went one of those famous multiples up the road!

For multiple chemists to be able to supply branded drugs against generic prescriptions, and Tenormin is not an isolated case, they must be purchasing at generic prices and therefore making substantial windfall profits when these same drugs are prescribed by brand.

Good business if you have the muscle, but how does this pricing structure fit in with the price regulation scheme? It is patently clear that these drugs are not being sold at the price agreed with the Department of Health.

If excess profits are being made by industry then the agreed prices should fall to the level at which the multiples are obviously presently purchasing or, alternatively, if these sales are accounted for in those agreements, then the independents' excessive discount deductions are being used to subsidise the fat profits of the multiples.

Either way, I am on to a loser while my big-brother competitors laugh all the way to the bank.

Voluntary code should be axed

The advertising standards authority has taken the unusual step of advising newspapers to stop accepting advertisements for slimming patches before actually receiving any consumer complaints — because the patches presently marketed so blatantly contravene the authority's voluntary code on slimming products (*The Guardian* April 2).

The banning of low-dose, unlicensed nicotine patches is also being actively pursued by the Department of Health

which has "decided that all nicotine patches known to us are medicines and therefore cannot be sold without first being licensed".

Having seen the "miracle" type advertisement employed for these products, I can only wonder at the gullibility of the public and the duplicity of newspaper publishers. Someone, somewhere is making a lot of money using advertising claims that would have made the Victorians blush.

Many other controversial products are also marketed whose therapeutic claims are dubious and, despite being outside of our control, it does no credit to the reputation of the pharmaceutical industry, and our profession, to allow these abuses to continue.

The present voluntary code is patently unable to contain the problem and should be replaced by a statutory regulatory body to whom evidence of efficacy must be submitted for approval before any public advertisement.

Apply as directed and think of England!

What an amazing attack by E.M. Thornton, director, Typharm Ethical Pharmaceuticals on myself and "my friend" Mr Savage (*C&D Letters*, April 3, p627). I have been accused of many misguided emotions over the years, but never of being unpatriotic to an eye ointment!

In fact, what a load of jingoistic nonsense Mr Thornton employs in a vain attempt to justify his marketing policies. I would be first in the queue to support "Made in Britain", and congratulate Typharm on their export achievements, but I will not support this "me too" formulation while it uses the resurrected brand name, Golden Eye Ointment, with its association with the first, now discredited formulation.

What price branded drug supply?

The other day I received through the post a revised price list for ethical products where it was stated that the increased prices had been approved by the Department of Health under the Pharmaceutical Price

Topical REFLECTIONS

Medical matters

Human insulin trial: no affect on hypoglycaemia

Research by the British Diabetic Association has shown no difference between human and porcine insulins with respect to hypoglycaemia.

The findings come in the wake of concerns expressed by diabetics over possible differences between the insulin species.

Diabetic patients had until recently planned to take legal action against the manufacturers of human insulin claiming that the use of human insulin caused them to suffer loss of warning symptoms of impending hypoglycaemic attacks. The case has now been dropped.

The research was carried out by a group from the Edinburgh Royal Infirmary using a double blind cross-over trial of forty patients over three months. It

demonstrated no differences in the total frequency of hypos, the frequency of severe hypos, the documented occurrence of asymptomatic hypos or in the blood glucose levels at which the onset of a hypo was perceived between porcine and human insulin.

The BDA, at the medical and scientific section meeting last week, also reported a need to increase diabetes awareness among the general public in order to avoid unnecessary health problems and health care costs. Researchers found that many newly diagnosed patients had failed to recognise their symptoms. A BDA poster campaign promoting diabetic symptoms to the public has been successfully run in Basingstoke

and Wolverhampton, almost doubling public knowledge of the symptoms.

Diabetics living in inner city areas are likely to have worse diabetic control and an increased prevalence of diabetic complications compared to those from more prosperous areas. Inner city residents had a higher prevalence of smoking, heart disease, vascular disease and foot ulcers than patients in other areas.

Another study has shown that the incidence of childhood diabetes has doubled in the last 15 years. The study also supports the theory that childhood diabetes is triggered by environmental factors in those who are generally susceptible to the disease.

Amoxycillin/ omeprazole: double act

In just ten years *Helicobacter pylori* has gone from a newly discovered colonist of the human gastric mucosa to gastric public enemy number one.

Current medical thinking implicates *Hp* as a major causal agent in gastritis, while a smaller but significant number believe it an important factor in duodenal ulcers, and a minority say that gastric cancer can result from its presence in the human gut.

The life and times of *Hp* were explored last weekend in Paris at a symposium organised by Astra Pharmaceuticals where possible new methods of treatment were outlined. The "best buy" for eradicating the bacterium from

the human gut was said, by Dr Tony Axon of Leeds General Infirmary gastroenterology unit, to be omeprazole (40mg bd) in combination with amoxycillin (500mg qid), given as a two week course after pre-treatment with omeprazole. However, Dr Axon said the ideal dosage regime for omeprazole/antibiotic therapy had yet to be established.

In most hosts *Hp* lives in balance in the duodenum, but migration from its natural niche where modifications to the mucus and epithelial surface make the tissue more susceptible to acid attack when ulceration may result. Elsewhere the level of inflammation may be enhanced

by an *Hp* by-product, ammonia, and immunopathology results — atrophy is possible with time when gastric cancer could be on the horizon.

Dr Humphrey O'Connor of Tullamore General Hospital in the Republic of Ireland, postulates that the most persuasive evidence linking *Hp* with peptic ulcer disease is the dramatic decrease in relapse which follows eradication of the bacterium. Professor Pentti Sipponen of Jarvi Hospital in Finland says *Hp* is a "precipitator" in the pathogenesis of 60-80 per cent of gastric cancers, because of its role in chronic gastritis.

Prescription Specialities

Correction

The unit NHS price of Trental 400 × 90 tablets decreased from £17.24 to £15.50 and the prices of Tarivid 200mg × 10 increased from £7.38 to £10.52, Tarivid 200mg × 20 increased from £14.75 to £21.03, Tarivid 200mg × 100 from £73.50 to £105.14, not as reported last week (C&D, April 3, p599). Hoechst UK Ltd. Tel: 081-570 7712

Betaloc SA packs

Astra are changing the packaging of the 28 tablet pack of Betaloc SA. It will change from a 2 × 14 to a 4 × 7 tablet foil format. The basic NHS price remains at £6.51. Astra Pharmaceuticals Ltd. Tel: 0923 266191.

New from Norton

H N Norton & Co are adding two products to their range. They are: disopyramide phosphate 100mg capsules × 100 (£7.06), and isosorbide mononitrate 10mg tablets × 100 (£5.70). H N Norton & Co Ltd. Tel: 0279 426666.

Conveen Stay Dry

The shipper/outer contents of Conveen Stay Dry are changing from 10 × 10 pads to 24 × 10 pads on the whole range. The change will become effective for the small size in early/mid April, for the large size in late April/early May and for the medium size in August. The pricing per unit/pad remains unchanged. Coloplast Ltd. Tel: 0733 392000.

Kinidin Durules

The 100 tablet pack of Kinidin durules will change to a 10 × 10 tablet foil format. Basic NHS price remains at £11.33. Astra Pharmaceuticals Ltd. Tel: 0923 266191.

Thixo-D products

With effect from April 1 all orders for Thixo-D (Original) and Thixo-D thickened drink mixes should be sent to Sutherland Health Ltd. Tel: 0635 874488.

Penn work on paracetamol overdose protection

Penn Pharmaceuticals, based in Gwent are tackling the problem of paracetamol overdose, which causes at least 160 deaths in England and Wales every year, by adding methionine to their paracetamol tablets.

In therapeutic doses paracetamol undergoes glucuronidation and sulphation in the liver. A relatively small amount is metabolised to the toxic metabolite N-acetyl-p-benzoquinone imine which is inactivated by hepatic glutathione. In cases of

paracetamol overdosage this protective mechanism is unable to cope and there is cellular damage. Methionine, an amino acid, is also a precursor of hepatic glutathione so it can offer some protection to the liver in cases of paracetamol poisoning.

Penn have patented paracetamol tablets with added methionine. The new tablets, provisionally called Comethamol should be available for OTC sales in pharmacies in about six months.

A recent editorial in the *British*

Medical Journal looked at liver failure induced by paracetamol. Dr Gary Bray, senior registrar at Westminster Hospital suggested that "the addition of an antidote (to paracetamol) such as methionine, to all available preparations might prevent every death that currently occurs. At present such combinations are costly, little publicised and rarely prescribed" (editor's note — Pametol from Sterling Health containing 500mg paracetamol and 250mg methionine, the only such product currently on the

market is blacklisted).

In France the problem of paracetamol poisoning was tackled by limiting the paracetamol content of each pack to 8g. In a letter to the *BMJ* the Paris Poisons Centre and Intensive care Unit explained that people who overdose in a suicidal attempt may take a number of drugs but they usually only ingest one pack of each. Therefore, in France, although the incidence of paracetamol poisoning is high, liver failure is uncommon and fatal cases are rare.

THE NEW DYNAMITE STICK



IT'S ABOUT TO CAUSE A SALES EXPLOSION

Lynx introduce a new deodorant stick which is designed to make your sales explode.

Why?:-

- £8.3 Million MEAL investment in 1993 on Lynx advertising and promotion.
- 48 sheet poster launch campaign for Lynx Deodorant Stick (£500,000 MEAL).
- Lynx fragrances - Java, Alaska, Nevada and Tempest are now available to loyal stick users at premium prices-increasing sector value.

In fact, sales will be so explosive that individual variants of Lynx Deodorant Stick are expected to be

bigger than some current stick brands.

But you would expect nothing less from Lynx, the UK's number one male toiletries range.

LYNX - THE BIG NAME IN MALE TOILETRIES.



LYNX



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PARIS VIENNA LONDON



W

Fybogel Orange as never expected

We have to admit it, when we got the taste-test results we were amazed. We had expected there to be some improvement, but not quite this much.

The taste-tests revealed that new formulation Fybogel Orange was not only the best-liked flavoured fibre product for fruitiness, aftertaste and drinkability, but also the best-liked flavoured fibre product overall.¹

FYBOGEL PHARMACY PRESCRIBING INFORMATION **Indications:** Conditions requiring a high-fibre regimen. **Dosage and Administration:** (To be taken with water) Adults and children over 12: One sachet morning and evening. Children 6–12 years: Half to one level 5ml spoonful depending on age and size, morning and evening. Children under 6 years: To be taken only on medical advice. **Contra-indications, Warning, etc:** Fybogel is contra-indicated in cases of intestinal obstruction.



W

ed before

Needless to say we're delighted with the improvements and we expect your customers to be too. And, of course, you can still rely on Fybogel Orange to keep your customers regular customers.

NEW
Fybogel Orange
ispaghula Husk BP

Regular as clockwork



Reckitt & Colman Products Limited

Electronic atony. Each sachet contains 3.5g Ispaghula husk BP. **RSP Price:** 10 Sachets £1.25, Eire 79p. **PL NO.:** Fybogel 0044/0041, **Irish PA** 27/2/1, Fybogel Orange 0068, **Irish PA** 27/2/2. Reckitt & Colman Products Ltd, Hull, HU8 7DS, from whom further information is available. Fybogel, Fybogel Orange, and the sword and are trademarks of Reckitt & Colman Products Ltd. **Reference:** 1. Market Research Report, R&C Report No. 9293; Data on file, 1992.

Counterpoints

Skincare is key to Camay's new face

Camay is being relaunched with an improved formulation and the range is being extended with the addition of shower cream and facial wash.

Camay Bar with 25 per cent moisturising base contains a combination of polymer and glycerine to leave skin softer and smoother, with less residue.

The three Classic, Chic and Light variants have been retained and packaging has been redesigned for a more contemporary look, highlighting the new formulation. They will retail at £0.59 for a single 125g bar and £1.99 for a four-pack. For the launch a 50g trial size is available (£0.32), which comes in a counter display tray holding 30 units.

The new Camay Bar is not being marketed as a "non-soap" like brands such as Ulay and Dove, explains sales manager Sarah Beck, because there is still a high demand for soap products in the UK. Research has shown that 94 per cent of the population use bar soap twice a day, representing 85 per cent of all washing occasions and 40 per cent of the total personal cleansing market. Procter & Gamble are projecting a 10 per cent brand share for



the product.

New to the range is Camay Cream & Shower and Camay Beauty Wash. Cream & Shower is a two-in-one product combining shower gel with body lotion, leaving skin cleansed and moisturised, says the company. Ingredients include oils and a combination of glycerine and polymer.

Available in Classic, Chic and Light variants, it retails at £2.59 (200ml

tube) and comes in outers of 12. For the launch a 50ml trial size will be available (£0.79) which comes in counter trays holding 18 units.

Camay Beauty Wash is a soap-free facial cleanser, which will condition and moisturise skin, say Procter & Gamble. It should be applied to damp skin and rinsed off.

Available in Classic and Light variants, it comes in a 100ml tube (£2.29). For

the launch a 20ml trial size tube is available (£0.49), which comes in a display tray holding 12 units. Procter & Gamble are advising that the

products are displayed next to the Camay Bar, rather than in the skincare section, to appeal to existing soap and water users.

The Camay brand will be supported by a £3.5 million television campaign this year, starting in June, backed up with Press advertising, in-store promotions, sampling and trial sizes. **Procter & Gamble. Tel: 0784 434422.**

1,500 signed up by April 1

Unichem have announced that a further 800 pharmacy customers joined their Goldpartners scheme since figures released in February, bringing the total to 1,500 when the scheme started on April 1.

The next available "start date" is June. Further details are available from local representatives or the marketing department.

• New POS material seasonally themed with Spring, Summer, Autumn and Winter images, has been introduced by Unichem.

All customers will receive free shelf talkers highlighting the month's five leading price promotions via the company's monthly offer book. **Unichem Plc. Tel: 081-391 2323.**

TV star supports Scholl hosiery

Scholl have enlisted the support of television personality Caron Keating in a campaign to educate women on the benefits of wearing support hosiery.

The campaign is also designed to increase awareness of the Lite Legs support hosiery brand. Caron will be working with Scholl in a series of radio interviews and through Press coverage nationwide. **Scholl Consumer Products. Tel: 0582 482929.**

Saline nasal mist

Labmist saline nasal mist has been launched by Laboratories for Applied Biology for the treatment of dry and crusted nasal conditions.

The product is also recommended for those adults who are affected by exposure to central heating and other low humidity environments such as aircraft.

Labmist is available in 50ml squeeze dispensers (£1.99) which may be used either as a spray or dropper. **Laboratories for Applied Biology. Tel: 081-800 2252.**

Elastoplast gets one handed addition



The Elastoplast range has been extended with the launch of an Express Pack for one handed application and a Cushioned Dressing.

The Express Pack features a specially designed wallet that dispenses 21 precut dressings which can be pulled straight from the pack onto the wound in

one action. It will retail at £1.49, with an introductory price of £1.35. Four dressing trial packs are available at £0.29.

The Elastoplast Cushioned Dressing has been developed to give extra protection to wounds in exposed places, such as feet and ankles. They are

ideal for blisters, say Smith & Nephew. The dressings are available in packs of 20 at £1.49, with an introductory price of £1.35 and a trial pack available at £0.29.

Smith & Nephew are also expanding on their hypoallergenic range of plasters with the addition of a 6cm x 1m dressing strip (£1.79). **Smith & Nephew. Tel: 021-327 4750.**

New Sionon products

Scholl Consumer Products have extended their range of diabetic foods with the introduction of Sionon Sandwich Wafers, two new Bonbon flavours, and a new recipe Shortcake Biscuits.

The wafers (£0.89 per 100g pack) are available in chocolate and vanilla flavour, sweetened with fructose and isomalt. They are lower in fat than

traditional versions, say Scholl.

Bonbons (£0.89 per 60g pack) now come in two flavours — lemon and blackcurrant — both fortified with vitamin C.

The Shortcake Biscuits (£1.29 per 150g pack) have an improved recipe which gives them a better taste, claim **Scholl Consumer Products. Tel: 0582 482929.**

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Many of the biggest retailers and organisations in the UK trust Girobank to move vast amounts of their money – £55 billion in 1992.

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Convenient to your business

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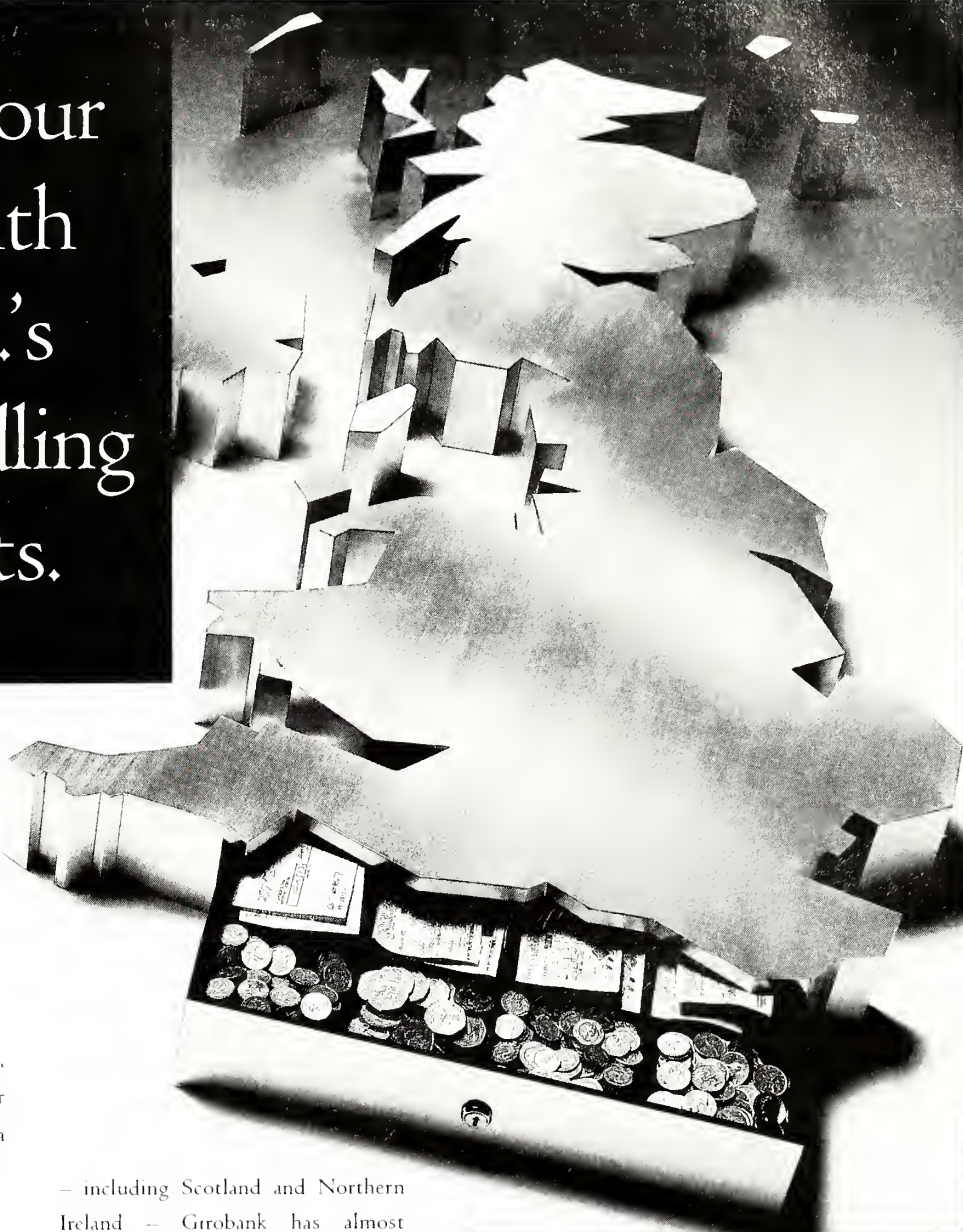
– including Scotland and Northern Ireland – Girobank has almost double the number of branches of all the other banks put together.

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and we'll send you an information pack straight away. After that, if you'd like a quotation, we can discuss your needs over the 'phone, or, where appropriate, send a manager to talk to you in person.



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Girobank Cash Handling Service is not normally available to companies with a turnover below £250,000 per annum

Turnover: £250,000-£750,000 ☐ £750,000-£1m ☐
£1m-£5m ☐ £5m-10m ☐ £10m+ ☐



Girobank

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15p offSalon
Selectives**25p off**Gillette
Sensor Blades**20p off**L'Oreal
Recital**10p off**Robinsons
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Flex

30p offKodak
Gold II Film

The dream ticket.

And it's set to bring you business beyond your wildest dreams. Here's how:

From May through to August, we're running a truly magnificent Dream themed national consumer promotion – our biggest yet – promoted through the pages of 'Healthy Times'.

First prize is £20,000 for the winner to fulfil their dream in whichever way they choose. Twenty runners-up will each win a family leisure bike.

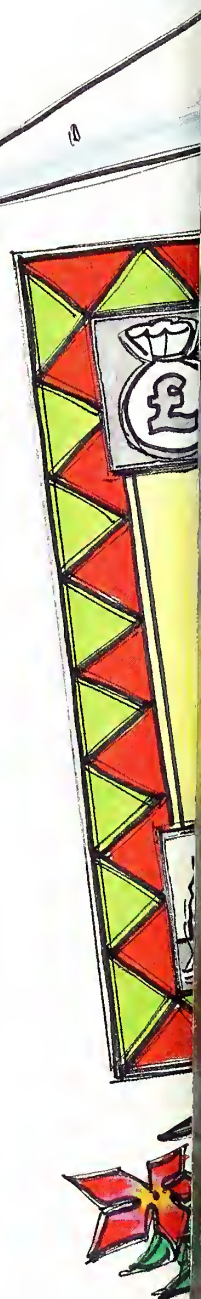
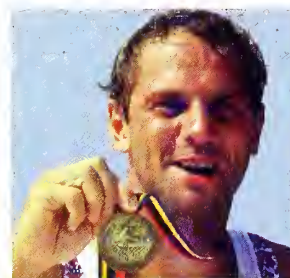
Entry to the competition must be accompanied by a proof of purchase of one of the 12 products in our money-off voucher book. (As you can see across the top of the page, it's a top of the range selection.)

Furthermore, for each entry received, UniChem will donate 30p towards our Sports Award Scheme, established in conjunction with the Sports Aid Foundation, providing up to £10,000 funding for both young able-bodied and for disabled athletes. And we're supporting oarsman Steve Redgrave in his bid to win a fourth Olympic Gold Medal.

So what's in it for you? Plenty.

Since all UniChem pharmacies can participate, we're confident that it'll mean an awful lot of extra business on its way through your door. In addition, for orders placed by 30th April, you can get up to 26% discount off trade on the featured products, and the chance to win a matching pair of stylish Mappin and Webb gold watches in our free prize draw.

All in all, it's just the ticket.



10p off
Durex

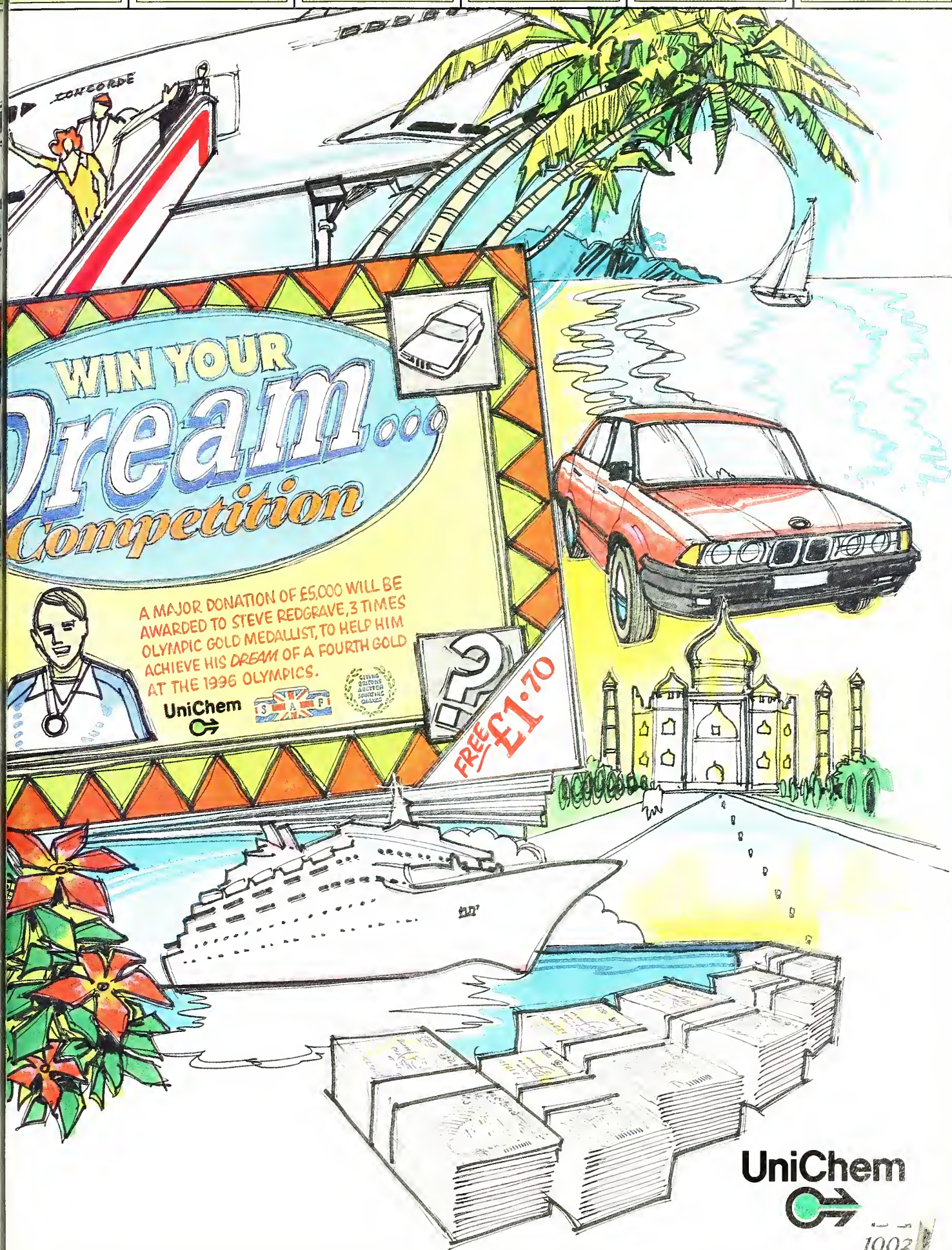
10p off
**Lil-lets
Tampons**

10p off
**Nivea
Skin Care Range**

10p off
Elastoplast

10p off
**UniChem
Own Brand**

FREE
**Slim Fast
Nutrition Bar
with 1 P.O.P.**



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UniChem PLC, UniChem House, Cox Lane, Chessington, Surrey KT9 1SN Tel 081-391 2323

New identity for Radox Showerfresh

Radox Showerfresh is being relaunched, with new formulations, variants and packaging.

There are now six Showerfresh variants: For Men (black pack) is a hair and body gel with a deodorising ingredient (250ml £1.89); Sport (blue) hair and body gel (250ml £1.89); Moisturising (pink) body wash, containing moisturisers in a creme formulation (200ml £1.69); Refreshing (green), a family variant for hair and body (200ml £1.69); Sensitive (white), a pH balanced gel (200ml £1.69); Showerfresh & Go (aqua), a shampoo, conditioner and shower gel in one (200ml £1.59).

The pack shape has been changed, with gripable side grooves and a stronger hook, and the Radox name highlighted. The formulation has been improved so that it adheres better to the skin.

A new patented valve offers a non-drip inverted gel dispenser, which seals itself after use, with no need to replace the lid.



Bottles will carry a tag with instructions for use.

The range will be backed by a £4.2 million spend on Radox, including a television campaign in the Summer. The bath range

will be supported by a new campaign in April. Point of sale material is available. Products will be available from May. **Sara Lee Household & Personal Care. Tel: 0753 523971.**

Photo-Me micro-lab for small pharmacies

The Imaging Systems Group, a division of Photo-Me International, have produced a micro-lab they say is particularly suited to pharmacies where space and staff time are at a premium.

The Photo Express RA 135 Imager occupies 6.3 sq ft. It develops and prints a 135mm film in 18 minutes and can process up to ten rolls every hour.

The system's automatic film identification, colour analyser and exposure control means minimum

operator input is required.

The Imager also works independently of water supply, and the premixed colour chemicals are automatically circulated and filtered to ensure that uniform results are achieved. There is also self-diagnostic software for troubleshooting.

The company will explain how the system works and finance options, and give free training and marketing advice. **Imaging Systems Group. Tel: 0372 453399.**

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky Broadcasting	G Granada	HTV Wales & West
C Central	A Anglia	M Meridian
CTV Channel Islands	CAR Carlton	TT Tyne Tees
LWT London Weekend Television	GMTV Breakfast	W Westcountry

Aquafresh toothpaste:	All areas
Belle Color:	All areas except U
Casting:	All areas except U
Cream Silk:	All areas except U, CTV, LWT
Gillette Series:	All areas except STV, GMTV
Hofels garlic pearles:	G, TT, Y
Impulse shower gel:	All areas except U, CTV, LWT
Jaaps Health Salts:	STV, G
Nicorette patch and gum:	All areas
Nicotinell patch:	All areas
Once Multi-Styler:	C4, BskyB
Oxy:	All areas
Pears Pure Body Care:	All areas except U, CTV, LWT
Peaudouce:	C4, GMTV
Plax:	All areas
Plenitude Hydra-Renewal:	All areas except U
Rapeze:	STV, B, C, C4
Remegel	All areas
Sure Sensitive:	All areas except U, CTV, LWT
Synergie Bio-Contour eye gel:	All areas except U
Timotei Honey:	All areas except U, CTV, LWT
Ultra Togs:	C4, GMTV
Widsom Reflex:	GMTV, C4

Palmer's add Moisturising Body Oil



cap (£3.75), it contains cocoa butter and vitamin E.

To raise awareness of the new product, sachets of Moisturising Body Oil will be sampled on Palmer's Cocoa Butter Formula cream and lotion. And the launch will be supported by a national advertising campaign plus an active PR programme. **E T Browne UK Ltd. Tel: 081-532 9224.**

£2m for Remegel

Warner-Lambert are continuing their support for Remegel with almost £2 million committed to a nationwide television campaign during April and a series of promotions designed to encourage trial throughout the year.

A booklet — "Guide to Healthy Living" — is currently available as part of a nationwide on-counter pharmacy promotion. Copies are available from **Warner-Lambert Health Care. Tel: 0703 620500.**

The Palmer's Cocoa Butter range is being extended with the addition of Moisturising Body Oil.

Designed for use after a bath or shower on damp skin, or poured directly into the bath, the light oil will leave skin soft and moisturised, says the company.

Packaged in a clear 8fl oz bottle with a flip top

Vantage plasters

AAH Pharmaceuticals are offering special discounts on new Vantage plasters.

Deal A offers a 12.5 per cent discount on orders of four outers. Deal B offers a 15 per cent discount on orders of six outers including all three wallets.

As a special extra bonus, customers who take advantage of this offer and any one other Vantage broadsheet deal will receive a free bottle of red or white wine (while stocks last).

The offer runs until May 14. **AAH Pharmaceuticals. Tel: 0928 717070.**

Unichem goes to 200 ASA

Unichem are adding a 200 ASA 135-24 colour film to their own-label range.

The new film (£2.25) comes in outers of ten at £10.99, and complements their existing lines — 100 ASA 135-24, 135-36, and 110-24. **Unichem Plc. Tel: 081-391 2323.**

Seven Seas add CLO with multivitamins

The Seven Seas One-A-Day range has been extended with the addition of Pure Cod Liver Oil and Multivitamins.

The taste-free capsules contain 500mg of cod liver oil plus beta carotene, vitamin C and E. They come in tubs of 30 (£2.99) and 90 capsules (£6.99). **Seven Seas. Tel: 0482 75234.**





One brand clearly leads the OTC
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Recommend the leader. Recommend Nicorette®.

NICORETTE®

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IN SMOKING CESSATION*



Kabi Pharmacia

Clairol add Lasting Color for grey hair

Clairol are introducing hair colourant Lasting Color by Loving Care, a "long lasting product for grey coverage" and repackaging Loving Care with an adjusted shade range.

With the launch of Lasting Color, Clairol aim to retain existing users and recapture lapsed users. A technological advance, it has the longevity of 21 or more shampoos but does not contain ammonia. It is gentle and leaves hair conditioned, shiny and manageable, say Clairol.

Lasting Color does not lighten the natural hair colour and will cover any amount of grey, giving natural looking colour results. It satisfies the consumers' needs of grey coverage, longer lasting results and great condition and shine, say Clairol.

The ten shades in the range will retail at £3.65.

The repackaging of Loving Care is aimed at attracting new consumers to hair colouring. Research has indicated that 55 per cent of women see the first signs of grey



during their late 20s/early 30s, say Clairol, and it is to these women they aim to appeal.

The pack has stronger Clairol branding and uses younger models. In research consumers liked the changes, seeing the product as gentle and easy to use and ideal for new users, say Clairol.

Changes to the range include the addition of two red shades and a Light Ash Blonde to offer colours

from the full spectrum. Shades 14, 15 and 785 are to be discontinued leaving 16 colours in the range.

Loving Care and Lasting Color will be supported with a £3 million campaign, including television and women's Press presentations, from July to December. There will be consumer leaflets and sales promotion activity from June onwards. **Bristol-Myers.** Tel: 0895 639911.

Scholl cashes in on '70s fashion revival

With the 1970s revival now in full swing, Scholl have seen sales of their wooden exercise sandal soar by 200 per cent this year. To capitalise on the popularity of sandals, they are introducing new footwear styles for Spring and Summer.

Bio Style is a soft leather sandal, incorporating the Scholl footbed, which has an adjustable upper. Available

in sage green, it retails at £25.99.

Soft Step has been extended with a high heel mule in white (£27.99) and a new style, Blanche (£32.99). The Massage Sandal (£29.99) is now available in navy blue.

A new range of point of sale material is available, including merchandising units. **Scholl Consumer Products.** Tel: 0582 482929.

Cow & Gate add easy mix formula

Cow & Gate have introduced a series of improvements to the on-pack instructions of their Premium and Plus baby milks.

From May both packs will carry an "easy mixing" flash on the label. The improved formulation does not stick, has no lumps and now has a faster mixing time, claim Cow & Gate.

The "Suitable for vegetarians" logo will replace the existing

statement that the formulas do not contain beef fat.

The recyclable steel symbol has also been added to the label on pack. The Department of Health's recommendation that breast milk or baby milk should be given to babies in preference to cows' milk during the first year of feeding has now also been made clearer on the pack. **Cow & Gate Nutricia Ltd.** Tel: 0225 768381.

Pearl Drops gets TV push

Pearl Drops Smokers 1+1 mouthwash is to be supported with a £1 million television campaign.

Starting on April 19, the advertisement focuses on the problem of bad breath. Aimed at 16-34 year olds, the advert is backed with sampling and promotional activity through magazines and newspapers. **Carter-Wallace.** Tel: 0303 850661.

Holiday in Florida

Elida Gibbs are giving away a holiday in Florida to the retailer with the most creative Sure display.

To enter, pharmacists have to send in a photograph of their Sure display, either in the window or on shelf, with the shop's stamp and manager's signature by July 31. The display must include aerosols, roll-ons and solid sticks. **Elida Gibbs.** Tel: 071-486 1200.

Oxy Clean pumps up the volume

The Oxy range is being updated with the introduction of a pump dispenser for the facial wash plus a new Sensitive variant.

The pump pack has been introduced to encourage daily use, say Smithkline Beecham, and the formulation has been improved to contain an oil-free moisturiser.

Oxy Clean Sensitive facial wash is a clear,

gel-containing moisturiser and is suitable for sensitive skin types.

Packs of Oxy Clean Duo Pads will contain 10 per cent extra fill.

The brand will be supported with a £2.4 million advertising campaign, with television advertisements starting this month. **Smithkline Beecham Consumer Brands.** Tel: 081-560 5151.



Beauty Oil offers

Seven Seas have two free offers this month with the Health for Beauty Oils range.

Stockists are being provided with counter showcards stocked with compact beauty brushes to offer free with every purchase of any one of the five Health for Beauty Oils products. The brushes are branded with the Seven Seas logo and are in hygienic, swivel cases.

In addition, each showcard has a supply of leaflets outlining a second offer. Customers can send off for a free copy of "Save Your Skin" written by health and beauty writer and broadcaster, Liz Earle. The book normally retails at £6.99 but is available with two proofs of purchase of any Health for Beauty Oils variant. **Seven Seas Health Care Ltd.** Tel: 0482 75234.



IT CAN ALSO GIVE YOUR SALES A REFRESHING KICK

Breathe new life into your male toiletries sales with Brut Aquatonic, the unique new range from Faberge.

- New Brut Aquatonic is unique in mass market male toiletries - containing natural skin-toning essences leaving you feeling invigorated and revitalised.
- New Brut Aquatonic has a light fresh fragrance and eye-catching packaging specifically designed to appeal to 16-24 year olds.
- New Brut Aquatonic offers an innovative range which will attract new consumers into the fast-growing and profitable male toiletries category.



The Brut Aquatonic range features Shower Gel, Anti-perspirant Spray, Anti-perspirant Stick, Light After Shave, After Shave Balm and EdT Deodorant Body Spray.

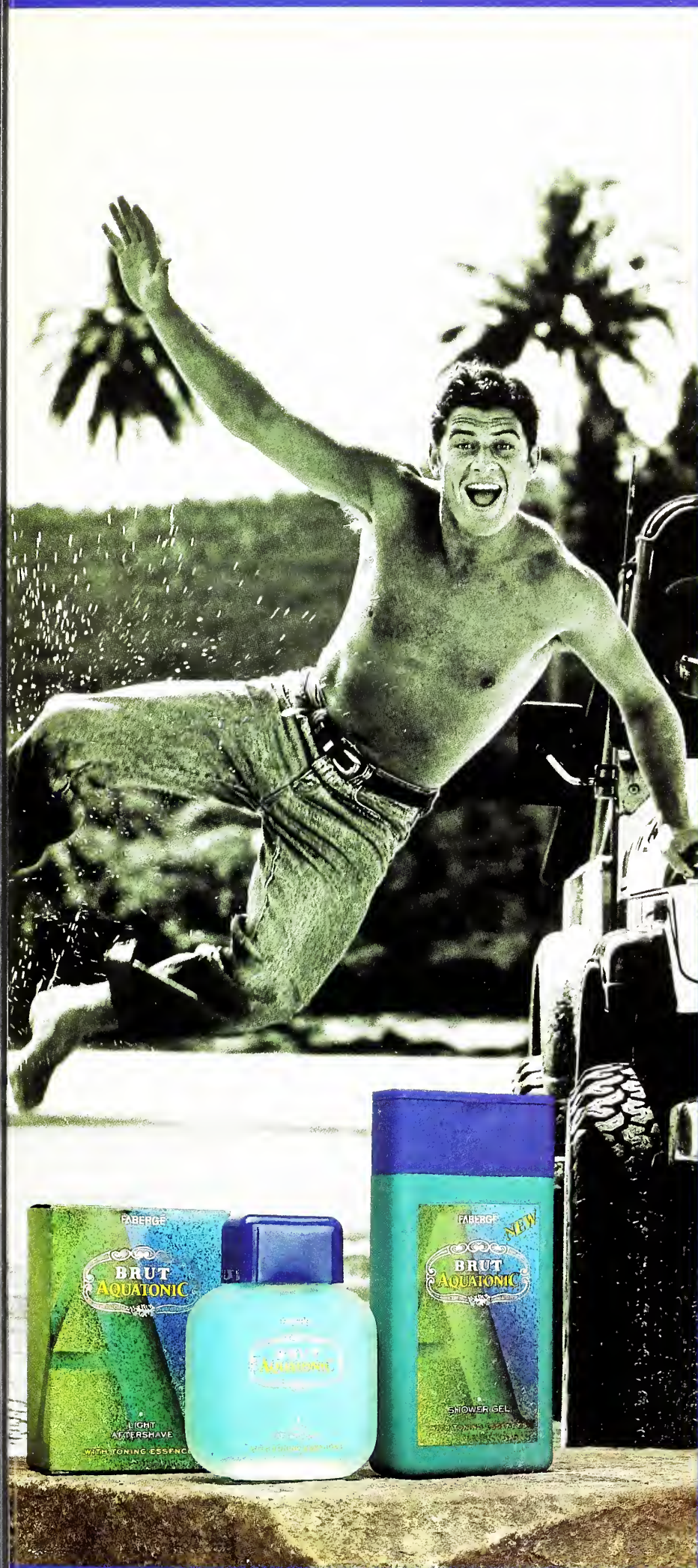
The new range will be supported by a £3million advertising and promotional spend, including a major sampling operation, combined with heavyweight £1.8million support for Brut For Men.

This £4.8 million campaign, which starts in May, will ensure that consumers know all about Brut For Men and New Brut Aquatonic.

Don't disappoint them - stock up today and give your male toiletries profits a refreshing kick!



ELIDA GIBBS
43 PORTMAN SQUARE
LONDON W1A 1DY
PARIS - VIENNA - LONDON



UK pharmacists favour AIDS testing

The latest Eurotop survey looks at the opinions of European pharmacists on AIDS, their thoughts on European unification, and their response to requests for allergy treatment in the pharmacy.

be able to provide restricted services if tested positive for AIDS. Only 24 per cent in Italy and less than 10 per cent in both France and Spain hold this view.

More pharmacists in the UK and Spain than elsewhere (over 40 per cent) think that other customers are deterred by having drug addicts regularly visit their premises. However, over 63 per cent of UK pharmacists would like to see community pharmacies supplying clean needles and syringes to drug addicts at the Governments' expense, with condoms being supplied on the same basis. In France and Italy needle and syringe supply has

All pharmacists appear to give frequent advice on minor allergic reactions. Household allergies are most commonly presented in the UK whereas in Spain more cosmetic allergies are seen by the pharmacist.

Allergies caused by the sun are still presented frequently in pharmacies throughout Europe, with 78 per cent of French pharmacists claiming to have frequent requests for advice on sun allergies. In the UK, Spain and Italy over half of all pharmacists are asked frequently to recommend a product to treat a sun allergy.

The most popular remedy recommended by pharmacists overall is an anti-histamine

healthcare, according to over 66 per cent of pharmacists in the UK and Italy as a result of the European unification. Most countries expect to see a rise in sales of OTC products (UK 46 per cent, Spain 71 per cent, Italy 29 per cent, and France 67 per cent), with UK pharmacists alone in expecting increasing prescription sales.

In the UK 44 per cent of pharmacists report an increase in turnover for 1992, and 51 per cent an increase in NHS business. OTC sales rose for 46 per cent, but declined for 21 per cent, while cosmetic sales dropped for 44 per cent of pharmacies. Over three quarters of UK pharmacists claim to have spent more time advising customers but 61 per cent still oppose charging for advice.

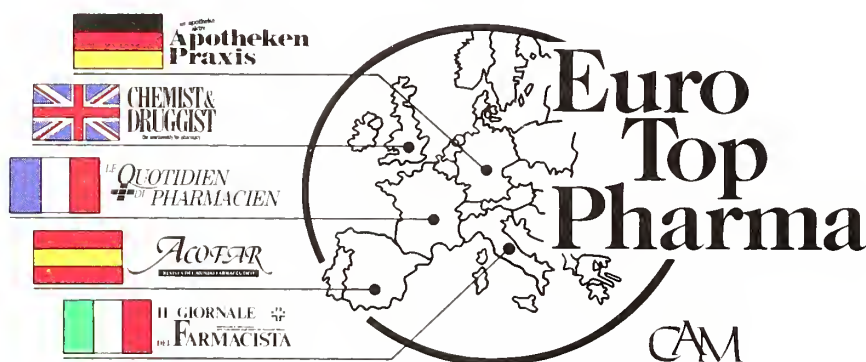
In Spain almost a half of all pharmacies are reporting an increase in business. The numbers are lower in Italy (26 per cent) and France (38 per cent), with the turnover of almost half of the pharmacies remaining unchanged.

Any increase in turnover shown has mainly been the result of increased OTC sales.

The number of prescriptions being dispensed has increased overall in the UK only, with Italy showing a decrease, and Spain and France dispensing the same number of scripts as the previous year.

Outside the UK, half of the pharmacists in Italy, Spain and France claim to be spending more time advising customers. The majority are not in favour of charging for advice except for 34 per cent of UK pharmacists. In France 31 per cent would like to see a charge levied for their advice.

There has been no information contributed from Germany towards this survey due to the current turmoil in the healthcare system there (C&D March 27, pp408, 410).



State education resources on AIDS should be directed towards general public health rather than the risk groups according to the latest Eurotop survey from CAM International.

In the UK, 38 per cent of pharmacists feel that an AIDS test should be given to all health professionals, including community pharmacists, who are in regular contact with the public. In Italy, France and Spain over half of all pharmacists want an AIDS test to be provided for health professionals.

Some 67 per cent of UK pharmacists believe that a health professional should only

the support of 42 and 47 per cent of pharmacists respectively.

Allergy advice

UK Pharmacists consider their advice to be the most influential factor for the customer when choosing an allergy treatment. Only 19 per cent are thought to be influenced by a GP's prescription and a mere 6 per cent by friends. Advertising is thought to influence 13 per cent of purchasers. In Spain, Italy and France the doctors' prescription is considered far more influential for over 55 per cent of patients.

product, with conjunctivitis and rhinitis products also very popular. Homoeopathic remedies are rarely recommended, especially in Spain and Italy where over 80 per cent of all pharmacists would never recommend a homoeopathic product.

Future prospects

The role of the pharmacist will become more important with European unification, say 52 per cent of UK pharmacists, but in Spain, France and Italy the popular belief is that the pharmacist's role will remain unchanged.

There will be changes within

Pharmatop is an informal grouping of European pharmaceutical publishers, including Benn Publications (Chemist & Druggist) for the UK. The group commissions simultaneous research in member countries through Paris-based CAM International.

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Here for the tenth week! The Mystery Shopper has pleasure in announcing the final week's £75 cash prize winners. Sponsored by leading coldcare brands Strepsils and Karvol the competition includes an overall £5,000 cash bonanza draw. All winners from the past ten weeks now have the chance to claim them for it - so keep your fingers crossed - it could be you!

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- D Kelly, H G Pilling Ltd, Swinton, Manchester
- J Willett, A D Sweetenham, Bebbington, Wirral
- E Shelton, Westdale Lane, Gedling, Nottingham
- R J Ganday, H G Bird Chemist Ltd, Radford Blvd, Nottingham
- Mr Shah, Springfield Pharmacy, Sparkhill, Birmingham
- D J Thomas, Pembroke Dock, Dyfed
- Mrs Brown, Wellsway Pharmacy, Hayes Place, Bath
- D Jones, Dilwyn Jones Chemists, Cwmarn, Crosskeys, Newport
- J S Shukla, Aldborough Road South, Ilford, Essex

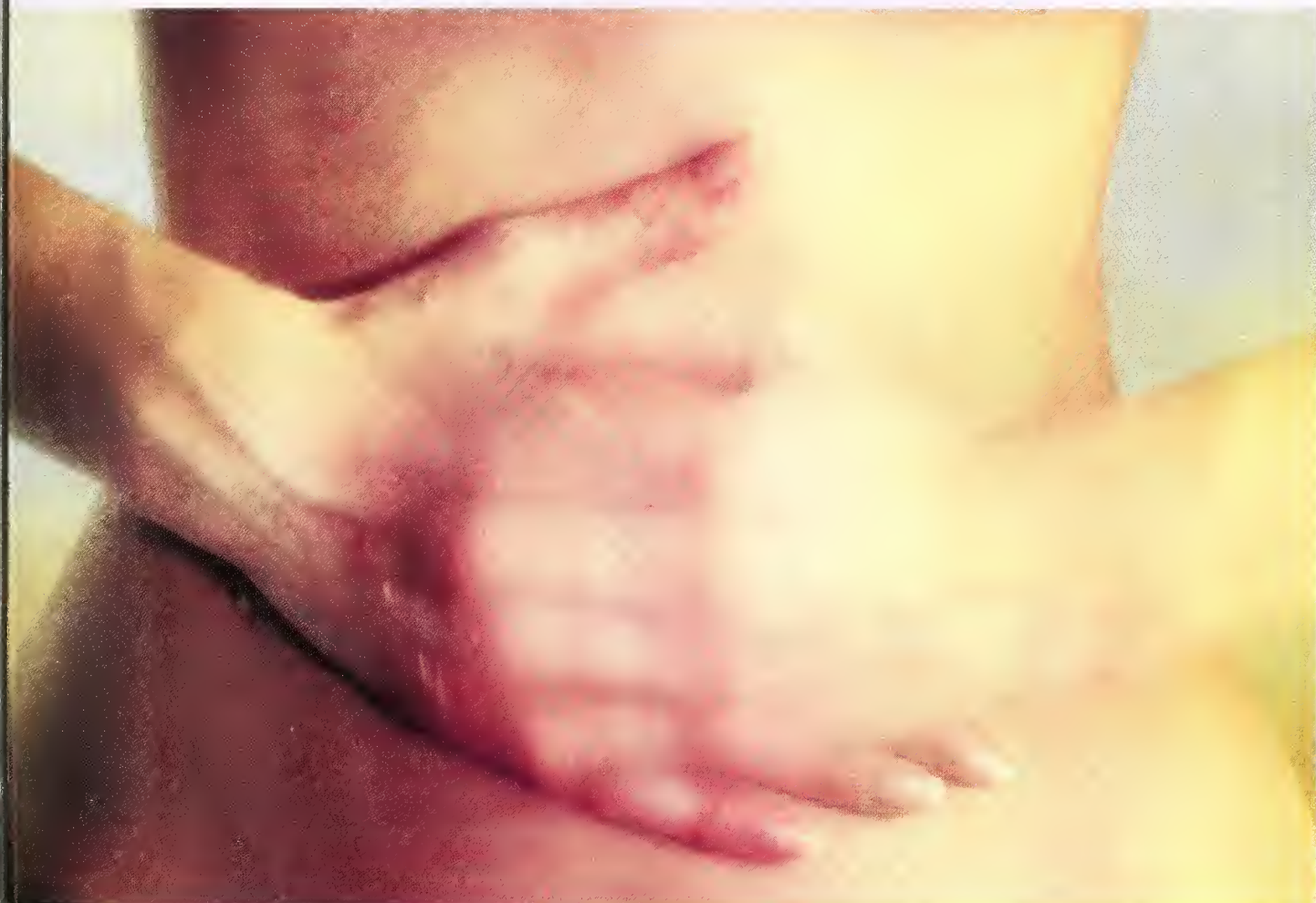
- E W Beale, The Pharmacy, Marden, Tonbridge, Kent
- J D Patel, Kingsman Parade, Woolwich, London
- H and F Murphy, Spencer Road, Waterside, Londonderry

- A Crossin, A Murphy, Antrim Road, Belfast
- B Anglin, Laurel Glen, Stewartstown Road, Belfast

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VE INGREDIENTS: Eurax Hc contains Crotamiton BP 10% and Hydrocortisone BP 0.25%. **Indications:** Relief of inflammation and pruritus associated with irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. **DOSAGE AND ADMINISTRATION:** Adults and children over 10 years: Apply sparingly over a small area twice a day for a maximum period of 1 week. Occlusive dressings should not be used. Not recommended for children under 10 years. **Contra Indications:** Hypersensitivity to any component of the formulation. Bacterial, viral or fungal infections of the skin. Acute exudative dermatoses. Application to ulcerated areas. Use on the eyes/face, ano-genital region, broken or infected skin including cold sores, acne and athlete's foot. **Side-effects:** Occasionally at the site of application signs of irritation such as a burning sensation, itching, contact dermatitis/contact allergy may occur. Use in pregnancy and lactation: Use in pregnancy or lactation should only be at the doctor's discretion. **LEGAL CATEGORY P** **PRODUCT LICENCE NUMBER:** 0001/5010R **PRODUCT LICENCE HOLDER:** Zyma Healthcare, Holmwood, RH5 4NU **DATE OF PREPARATION:** January 1993 **PRICE:** £2.40.

QUEEN OF THE SOAPS

The grand daughter of Bronnley founder James Bronnley, chairwoman Ann Rossiter leads the company into the 1990s, while taking care to keep its traditional English heritage unaltered. Sarah Purcell speaks to the undisputed soap queen

The Queen and Ann Rossiter have a thing or two in common. They are women in power, have become unique institutions — and share the same taste in soaps.

The chairwoman of the thoroughly English soaps and toiletries company which supplies the royal family is exactly how you imagine her to be. Genteel, feminine, yet strong minded, she is the driving force behind Bronnley, bringing the brands up to date while closely guarding their traditional appeal.

It was no surprise to learn that she had worked for the Conservative party for a time, her first job after graduating from Edinburgh with a history degree. She was a secretary to the chief of Home Counties North for a year. However, Ms Rossiter cherishes no fond memories of that time in her life. "I was unhappy there, the people were all terribly unkind to each other. However, I think it was good for me because I decided there and then that if I ever had my own institution it would be run very differently."

She remembered her lesson and has created a family-like rapport with her team of directors. Whenever she's at the Brackley factory they all meet for a traditional lunch and discussion of the week's events.

Although Ms Rossiter appears a forthright, decisive sort of person she had no career goals when she was younger. "I never had a clear idea of what I wanted to do. I was good at art and languages, hopeless at maths. People thought I'd make a good teacher, but that wasn't what I wanted to do."

Putting the experience with the Tories behind her, Ms Rossiter joined picture framing company and agents to the Royal Academy, James Bourlet & Sons, which she loved. "I met some wonderful people while I was there — Montgomery, Evelyn Waugh and lots of ambassadors."

After that the travel bug got the better of her. She spent several years travelling and working in the States, Mexico and Canada. She still loves to travel, and that figures among the major plus points of her job as chairwoman. Bronnley exports to some 60 countries and are always looking for new markets. The latest venture is South America, Ms Rossiter's next destination, which she discussed eagerly over lunch. China and Russia are targets for the future, although Ms Rossiter says they are not ready yet for Bronnley.

Bronnley bound

While in America, she felt the call of the family firm. "If I was going to work for Bronnley I decided I shouldn't leave it too late, as there was such a lot to learn," she recalls. In preparation she took a business degree at Brunel and presented herself for duty.

Her father, who was chairman until last year, gave her the difficult task of managing the sales force. "After a year I went to see my

father and told him I wasn't making progress. He didn't look up, but said he knew they were difficult but wanted me to continue." She carried on for a further ten years before deciding she wanted to run the marketing side of Bronnley.

The largest part of her work at Bronnley today is taken up with creating new lines and keeping existing products up to date. She makes a point of introducing something new every year, in time for the Christmas run-up.

Typical day

Ms Rossiter says there is no such thing as a typical day at Bronnley. "Every day is different, which is what makes it so interesting," she says. She divides her time between the showroom and offices in London, where she lives, and the factory in Brackley, near Banbury. "I spend a lot of my time with the creative team at Brackley. I make a point of sitting with them while I'm here; I don't hide away in my own office," says Ms Rossiter.

One advantage of being the chairman and owner of a company is that you can delegate the jobs you don't like doing, she says. "I'm lucky in that I can usually dodge doing the things which I don't like. Though I think one does naturally attract the work to oneself that one is good at," she believes. "For example, they would never leave me to add up anything or work a computer. It would be disastrous!" she laughs.

A sociable being, the people are what Ann Rossiter enjoys most about Bronnley. "I feel privileged to be here. I have such a wonderful team of people who are adventurous and social. It's nice owning a business, but without having a huge hierarchy of people saying 'no' all the time. I'm jolly glad I'm chairman of Bronnley and not ICI!" Bronnley is efficient because it is small, says Ms Rossiter (130 staff) and everything is done under one roof, including printing all the labels for the products.

Ms Rossiter is not a worrier. At the end of the day she is able to switch off and relax. She attributes this to her parents,

who had a rule that work should never be discussed after hours.

Relaxing for Ann Rossiter means swimming, playing bridge, reading, going to the theatre, tennis (she is a Wimbledon addict) and, of course, travel. She and makes a point of always doing an evening class "to keep the grey matter moving" — at the moment she's learning German.

Ms Rossiter has been at Bronnley for 27 years, and became chairwoman in February last year, following the death of her father. Her greatest achievement in that time, she says, has been to build up a happy firm which has become a household name.

Bronnley now holds three Royal warrants for the Queen, Queen Mother and more recently Prince Charles. But she won't divulge which products they use — that's an official secret. No doubt the warrants have added to the very English appeal of the range — exports are doing better than ever, says Ms Rossiter. "The single market has no fears for us. We've always been strong on exports."

Hand finished

Part of the Bronnley charm is the attention to detail, made possible by hand finishing. The factory has recently become more automated due to EC regulations, but Ms Rossiter regrets the passing of traditional methods. "I would prefer to still do things by hand. I believe in dignified labour and I'm sorry we have to make these changes." Some hand finishing of soaps still continues though as the machines are not yet sophisticated enough to cope with intricate designs.

In the pipeline for Summer is a new departure for Bronnley, a range developed for younger women, based on natural ingredients. More than that, Ms Rossiter won't say.

Her retirement will mark the end of an era in the Bronnley history. The company will be passed into the hands of the directors when she retires as she has no heir. However, like the queen, she has no plans to retire for many years yet.



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BPSA reject DoH offer

Delegates at the 51st conference of the British Pharmaceutical Students' Association have rejected unanimously the remuneration package proposed by the Department of Health.

Hooman Ghalamkari, proposing the motion said that the new package will disadvantage 30 per cent of pharmacies and, ultimately, all pharmacists.

BPSA president Joel Hirst said it was "crucial to be seen as a unified profession. We have to say this offer is completely unacceptable and that we are going to stand together on behalf of all pharmacists affected."

The remuneration package was also criticised by the

Question Time panel which consisted of Council member Christine Glover, Numark chairman Sandy Young, PSNC secretary Stephen Axon, and Bill Brookes from the Guild of Hospital Pharmacists.

Mr Axon said the offer was "almost totally unacceptable" and that he would like to see the professional allowance retained and expanded.

The PSNC had agreed to the abolition of on-cost provided safeguards were retained. "As long as you have a purely fee-based system GPs can determine how much local pharmacists get paid. That is wrong, especially when pharmacies are in competition."

PSNC says the threshold level should be 1,000 items per month, Mr Axon said. It had arrived at this figure because the DoH insisted there must be a "packet of work for the professional allowance".

PSNC had calculated that 400 pharmacies dispense less than this figure. Of these 400 pharmacies, 150 are protected by the essential small pharmacies scheme (ESPS) and many of the remaining 250 were not reliant on NHS scripts.

Christine Glover said she was "sick" and saddened by the offer. She favoured a points system where a pharmacy would be awarded points for providing services such as a needle exchange system.

Unanimous support for hustings

A motion calling for the Association to actively encourage the continuation of annual election hustings for the Royal Pharmaceutical Society of Great Britain received unanimous support from the delegates

Maria Connolly, who seconded the motion, didn't see how anyone could make a decision based on a 500 word curriculum vitae in *The Pharmaceutical Journal*.

"Only 30 per cent of pharmacists vote at elections. Perhaps if pharmacists were more informed they might be more inclined to vote."

When it was suggested that even if all candidates were to turn up at the hustings, the information taken back to the branch would depend on the personal view of the branch representative, delegates were told that the event was open to all members of the profession and, it has also been videoed.

Six Council candidates attended the event organised by the Young Pharmacists Group and held on March 21 (C&D March 27, p542).



Two of the panel, Stephen Axon(l) and Bill Brookes, field questions

Group practices — the future of pharmacy

Pharmacy Group practices will allow pharmacists to take on extended roles that would increase public recognition and their own personal satisfaction, concluded a working party report presented at the Conference.

The investigative working party into group pharmacy practices was set up following last year's conference. Its recommendations were incorporated into a motion which was carried with a lot of support after lively debate.

The motion, proposed by Tariq Muhammed and Hooman Ghalamkari, members of the working party, was debated in parts:

- Community pharmacists should be encouraged to form group pharmacy practices
- Incentives should be provided for the amalgamation of pharmacies that were in close proximity, so as to form group pharmacy practices
- Patients should be registered with one pharmacy
- Financial recognition — in the form of new monies for the extended role — should be made available
- The working party should continue for a further year

Group pharmacy

Group pharmacy practice was defined as the presence of more than one pharmacist in a premises so as to allow extended roles to be carried out to a higher standard.

Katherine Gough pointed out that many pharmacists go into the independent sector because they want to be independent but Hooman Ghalamkari said that pharmacy was being squeezed and that it was no longer viable for people to set up small shops.

Joel Hirst, speaking for the motion, said that group pharmacy practices would allow pharmacists to give a greater level of care, such as domiciliary visits to advise on the correct use of medicines.

Mr Muhammed said that with

the current system it was hard to envisage pharmacists who had built up a business "just taking in some partner unless there is some incentive".

After asking where the money for financial incentives was going to come from, Grant Irlam from Bradford was told that in 1974 money was found for GPs to form group medical practices.

Chris Poole, from Aston, suggested that "as a profession we should do extra work without getting paid extra", a sentiment that did not receive a warm welcome from some working pharmacists and pre-reg.

While Bhavini Patel said the ideal was that "every pharmacy in England and Wales would be a pharmacy group practice".

Registration

There was slightly more dissension on the subject of patients registering with one pharmacy.

The proposers explained the benefits of the system: comprehensive patient medication records giving a complete drug history, including OTC and POM medicines, and the facilitating of patient referral forms from hospitals.

Although Chris Brewer was "with the spirit of the motion", he said the advantage of the present system was its flexibility — patients can use any pharmacy. He said the move might be seen as a "cynical attempt to get more business".

President Joel Hirst said patient registration would be a step towards providing seamless care. He said that at the moment the only way of judging pharmacy performance was by the number of scripts dispensed, but this could be changed to payment according to the number of patients registered.

Gianpiero Celino said that to obtain the best possible health care it was logical to keep all records of medication in one place.

Extra monies

Tariq Muhammed put a motion calling for extra monies. "The Global Sum from the DoH is fixed and only rises by a small amount each year. At the moment the only way of obtaining extra money for extended roles is by diverting it from some other area."

Hooman Ghalamkari justified his view saying, "If we are increasing our workload we should get paid for it. If extended roles were implemented the savings to the Government would outweigh the costs."

A number of delegates questioned where the extra money would come from, but as Gianpiero Celino replied, "It's not our job to provide the money. Our role is to provide the best possible healthcare, and after identifying how we can do it, we should get paid for it."

This part of the motion was carried unanimously.

It was also unanimously agreed that the working party should continue for a further year.

Carried

Motions carried by the BPSA included:

- Students failing the registration exam should be entitled to continue their training until they resit their exam for the first time
- All advertising of tobacco products should be banned
- GP ownership of pharmacies in part or in full is unethical and should be actively discouraged by the RPSGB (carried with a small majority, with a large number of abstentions)
- Deploing any further decrease in the number of available pre-reg places
- Extending the annual conference to six days

Defeated

Motions that were defeated at the conference included:

- Mandatory regular HIV tests for all health care professionals carrying out invasive procedures
- Retaining BPSA policy statement 4.11 which says there should be an additional category of medicines which can only be sold or supplied personally by a pharmacist
- Retaining BPSA policy statement 4.13 which supports the Council's view on prescription charges and believes that all prescription charges should be abolished

Pharmacist reprimanded over insecure methadone storage

A pharmacist who allowed his premises to be used to store large quantities of the Controlled Drug methadone was reprimanded by the Royal Pharmaceutical Society's Statutory Committee on March 17.

Mr Vinod Patel, 43 years old, of 282 Ewell Road, Tolworth was called before the Committee following his appearance at Kingston-upon-Thames Magistrates Court on April 14 last year. He had pleaded guilty to an offence under the Misuse of Drugs Act 1971 at his shop at 13 Brighton Road, Surbiton.

He pleaded guilty to failing to ensure that 21 bottles of 500mls of methadone mixture was stored in a safe or locked cabinet on the premises between January 4 and 7 and between January 11 and 15. He was fined £1,000 on each count, a total of £2,000, and ordered to pay costs of £35.

The hearing was told that the drugs were for supplying a drug dependency project which had

the full backing of the Home Office.

Mr Josselyn Hill, for the Royal Pharmaceutical Society, said that the Kaleidoscope Youth and Community Project in Cromwell Road, Kingston-upon-Thames, catered for about 60 addicts. Mr Patel had been contacted by the owner who invited him to take on supplying to members of the project large orders supplied by a doctor.

In due course someone from Kaleidoscope would come to the pharmacy to collect the methadone but over the Christmas and New Year period no one from the project came to collect it.

"These quantities must be carefully guarded but in this case there were about 21, 500ml bottles worth about £1,000 cash each on the black market. They were either concealed in the pharmacy or put into Mr Patel's garage where he had a safe," said

Mr Hill. Wholesalers alerted the drugs squad and Detective Sergeant Ivor Gwyn was called in.

DS Gwyn told the Committee that his main concern was the amount of methadone on the premises. He added: "I've never known any pharmacist have that amount of drugs in a pharmacy. If anyone knew about it they could have been robbed."

Mr Patel told the hearing: "I did not think it was serious as I had it in a very safe place. We had a profit element of £20 per bottle." He added that the drugs were "locked away".

The Statutory Committee also considered the case of Mr Patel's pharmacist, Miss Mala Rikhi of 17 Basildene Road, Hounslow, who was fined £1,500 with £35 costs on the same occasion.

She had pleaded guilty to failing to ensure the safe keeping of the drugs between January 21 and 23 and between January 11 and 15.

Miss Rikhi told the hearing that she went with Mr Patel to the Kaleidoscope Centre. She said "the purpose of this meeting was to clarify the situation with regard to the legal position."

"I did what I did because I felt I had a moral obligation to the people who were reliant upon this drug."

Committee chairman Mr Gary Flather QC said that no action would be taken against Miss Rikhi. "She is the sort of young pharmacist who will be the backbone of the profession in the future," he said.

"She is a good person and she did not set out to break the law, it just happened."

But regarding Mr Patel he said on this occasion he would not be struck off the Register.

"Mr Patel has demonstrated he is unfit to be on the Register but in this instance we issue a reprimand. We are very sorry he did not seek the help of others."

References impress Committee

The manager of a Berkshire pharmacy, fined and banned after a drink-driving offence, avoided being struck off the Register of the Royal Pharmaceutical Society thanks to "extremely impressive" references.

Narinder Singh Chana, 25 years old, manager of Pickups Pharmacy in Parlaunt Road, Langley, appeared before the Society's Statutory Committee on March 18. He had been fined £450 with £40 costs and disqualified from driving for three years by Ealing Magistrates in March last year.

Mr Josselyn Hill, solicitor to the Committee, added that in May 1988, while a student, Mr Chana, of Solihull, had been fined £150 and given ten penalty points for a similar offence.

However, the Committee was shown references described as "extremely impressive" by chairman Mr Gary Flather QC.

One of the references from Mr Chana's GP indicated that he did not have a drink problem and Committee inspector Mrs Mary Jane Brophy said she had found Mr Chana to be a "very competent and enthusiastic pharmacist".

Mr Chana told the Committee he was deeply ashamed and it would never happen again.

The Committee accepted that he did not have an alcohol problem and decided not to take any further action against him.

Anchor seeks closer links with pharmacy

A charitable housing association is looking to establish closer links with pharmacists who provide services to their tenants in order to increase choice and independence.

Anchor, which has more than 600 sheltered schemes accommodating more than 24,000 elderly tenants, sees links with pharmacists as a practical demonstration of community care which they would like to extend to all their schemes across the country.

The move has been prompted by situations where pharmacist have established links with sheltered housing schemes and adopted monitored dosage schemes for tenants.

Anchor says that a number of such systems have been successfully piloted and have helped maintain vulnerable elderly people in their own flats.

Pharmacists, in consultation with Anchor scheme wardens, have also set up successful collection and delivery systems. This has helped build better relationships with their elderly customers, the association says.

Denise Gillie, Anchor's National Community Care Co-ordinator says: "The NHS and Community Care Act is shifting the emphasis away from institutional forms of care. Consequently we are establishing links between our schemes and local pharmacists to help our frail tenants to stay in the community."



A visiting pharmacist explains a monitored dosage system to an Anchor sheltered housing tenant

Pharmacist reinstated

A south London pharmacist, fined and later struck off the register following deceptions involving a glass hippo and a handbag, has been reinstated.

Ralph Dwek of Balham and a young divorcee and mother — now his fiancée — falsely claimed they had purchased the items and then left them behind in stores.

Mr Dwek, who had used a false name, appeared at Reading

Crown Court in 1990 to admit obtaining property by deception and attempting to obtain property by deception at Reading Crown Court. He was fined £100 on each count and ordered to pay £250 costs.

Chairman Gary Flather QC, said Mr Dwek felt he had suffered enough and the offences in no way related to his profession. Mr Dwek did not attend the hearing.

“Insect populations that are indefinitely exposed to a single insecticide inevitably develop resistance.”¹



ences
 lauder J, Cooper N. Prescber
 91;(25)27-48.
 lauder JW J Roy Soc Health
 91;111-24-6

Consumer Products Division, Napp Laboratories Limited, Cambridge Science Park, Milton Road
Cambridge CB4 4GW Date of Preparation: February 1993

Ahoy there - don't knock pharmacy, says first mate!

I would like to comment on your Business in Focus article in *Chemist & Druggist* March 27, and on the response the following week by Xrayser.

My wife and I run a pharmacy in West Wales; my wife is the pharmacist and I am a master mariner now ashore. We have the enviable position of being close to two surgeries, one with seven doctors and the other five, both within 500 yds. This does not mean we can relax and take life easy. All our time and energy is taken up just to keep ahead of all that is required of a small business today.

Taking the comments by Xrayser, I found them totally out of line. This is because a pharmacy, especially a community pharmacy, must be run as a business. A business must make a profit or it folds, and if you just take the latest pay settlement offered to the PSNC, the profit on pharmacy dispensing will be down to 10 per cent — and if things go on as they are will be down to zero before long. This gives pharmacists only one option unless Boots are to rule: make a profit where you can and maximise that profit.

I fully realise that for a long time pharmacists dedicated themselves to giving a professional service, which I fully support, but to survive the business must profit and this can only come from OTC sales.

Pharmacists need to become the force in the NHS that they should be. Look at just about any other country in the world and the last person who is consulted by the patient is the doctor. Why? Because he/she is expensive and the pharmacist is on the corner with his/her shop and will tell you when to go and see the doctor. The doctor is then freed up to see the necessary cases and to treat them as required.

I hear the outrage pouring on my head. What does this rank outsider know? Well, part of being a master mariner is a shipboard medical qualification where you are pharmacist, nurse, and doctor, all in one — and I have run a pharmacy with my wife. Doctor's training is expensive and should not be frittered away on minor ailments that can be treated easily by the highly trained and motivated UK pharmacists.

Wake up, pharmacists! Let's all join together — after all the doctors do. Let us never again see an arrogant pulling down a pharmacist who is succeeding.

The profession needs more professional businessmen and women and to begin to flex its power so as to obtain equitable

treatment from a government department that sees it as a soft touch. Let's scream like the doctors if any infringement is made on pharmacies and their fully justified aspirations.

P J Mensink
Haverfordwest, Dyfed

Zirtek update

I am writing with reference to the unfortunate omission of Zirtek (cetirizine) from the section "Choice of antihistamine in your pharmacy update, allergic reactions and their treatment." (*C&D* March 20).

From my company's point of view, this is a regrettable omission as Zirtek is an excellent member of the group of new generation antihistamines as it has a high level of efficacy coupled with swift onset of action. In addition, it is worth noting that cetirizine can be distinguished from the other group members, as it is the only molecule which is not metabolised through the liver before it exerts its effect (see table on p6, "The pharmacology & mechanisms of action of histamine H1 — antagonists", S J Rimmer & M K Church).

As you postulate that elevated drug levels of terfenadine and astemizole could result from inhibition of hepatic metabolic enzymes, this is certainly a most pertinent property from both the prescribers and patients point of view. Results from our

post-marketing surveillance covering 616.9 mio. standard daily doses of cetirizine (in the majority of European countries cetirizine is now market leader) from January 1988 to end November 1992 shows no interactions with any other medications to date.

Cetirizine is also the only known antihistamine to act on eosinophil chemotaxis in vivo thus influencing inflammatory responses.

T R Anscorb
General manager UCB Pharma Ltd

Pain indeed for the small contractor!

I write on the new Department of Health's remuneration proposals for community pharmacies.

I note Mr Sharpe's (chairman of PSNC) saying "PSNC was prepared for some pharmacies to be disadvantaged, but we were thinking in terms of several hundred, not several thousands".

It must become plain to Mr Sharpe that what is painful to a few thousand, must be excruciating to the few hundred he is prepared to sacrifice to the DoH.

It is also clear that a practice allowance that forms the bulk of the gross profit from dispensing — which is also linked to the number of items dispensed — will be manipulated by the Government to its own advantage in the future.

Any practice allowance,

therefore, should be paid to contractors regardless of prescription numbers in consideration of the non-dispensing advisory role of the pharmacist in the NHS.

A Patel
London N13

Hoechst price rise is excessive

I would like to express an opinion through the courtesy of your columns.

On April 1, I received correspondence from Hoechst Pharmaceuticals regarding a new pricing structure for their brand of ofloxacin.

At first I thought it was an April fool's joke, but the Department of Health has sanctioned a 43 per cent increase on this product under the Prescription Price Regulation Scheme.

Community pharmacists who exhaust their stock before the end of April will dispense scripts at a loss.

I note that this product is made in West Germany and is imported into the UK. With Britain's inflation rate at about 3 per cent this increase can only be described as completely unjustified. No wonder that German exports to Britain are in surplus. No other EEC country pays as much for imported pharmaceuticals as do the taxpayers of the British Isles. I am sure that this price is not sustained on the Continent or



Norman Bennett, pharmacist at A.P. Bennett Ltd in Sutton Coldfield, has won a national window display competition with Thornton & Ross. He is pictured with Thornton and Ross sales representative Mike Collins (left) receiving his prize of a long weekend for two in Cairo

by the contract supplies to our hospitals.

It is intolerable that the same Government Department offers community pharmacists a derisory increase in the global sum and proposes restrictions which will decimate pharmaceutical services throughout England and Wales.

When will the Government realise that a planned pharmaceutical service is more important than lining the coffers of multinational drug companies? I have informed local GPs with a letter about this price increase and I hope that they will consider this information when they prescribe 4-quinolone antibiotics.

Will Hoechst care? I doubt it because they are laughing all the way to the Bundesbank.

R C Obee
Meopham, Kent

Double-end spoon call

May I ask via your columns if there is any one who can supply me with a double-ended medicine spoon — one end 5ml and the other end 2.5ml. Alternatively a single-ended 5ml spoon which shows on it a 2.5ml graduation would do. (Tel: 323767).

S D Surr
Leeds

Glaxo — not the whole story?

Michael Bailey, a director of Glaxo, (C&D April 3) is not even close to his own sales force, let alone to the retail pharmacists he claims to want to work closely with.

He should know that his sales force have got so fed up with the extreme hostility they routinely encounter on almost every visit to a retail pharmacy that they have virtually ceased to make them.

He should know that his revised distribution arrangements have so upset dispensing doctors that they are actively looking for alternative products, despite the resources available to his representatives. He should know that his chances of introducing OTC products to less than grunted retail pharmacists is exactly and precisely nil!

The furore over Glaxo's high-handed, monopolistic chicanery has not died down because the jiggery pokery has been accepted. It has died down because the entire pharmaceutical profession has decided that nothing can be done with a company so clearly permeated with terminal hubris as to be totally incapable of



The BPSA Executive Committee 1992-93: (back row, l to r) Hooman Chalamkari, Sharon Johnson, Catriona Johnston, Nicola Hill, Duncan Cripps, Zuber Mithcla, Chris Poole, Garwyn Morris and Tariq Muhammed; (middle row, l to r) Sharon Hart, Katherine Gough, Joel Hirst, Lynne Brown and Bhavini Patel; (front row, l to r) Maria Connolly, Jillian Hepplewhite and Claire Conway

forming a realistic world view.

Frankly, it's a tragic disaster. Here we have a great innovative British company, performing brilliantly in the fields of research, development and production, yet it gets its marketing through its primary and secondary distributors completely wrong — and wrong to an almost unbelievable extent. It would be unbelievable, except that there is evidence that major marketing mistakes have been made in the USA.


Is it any wonder that Glaxo shares have fallen so dramatically? One can say what one likes about the City, but it is awfully good at noting a firm's changing fortunes.

Robert Gartside
Llanberis

Making it more than clear!


I note in Counterpoints (C&D April 3) that Paraclear claimed that theirs is the only branded extra strength analgesic with GSL status. That is not the case because Panadol Extra 12s, 24s and 48s containing 500mg of paracetamol and 65mg caffeine is another extra strength analgesic with GSL status.

Andrew Sturton
Trade co-ordinations controller
Sterling Health



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Chris Gifkins M.R. Pharm. S.



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What shape is your shop in? No, I'm not asking if it's underweight, but if its internal architecture is conducive to sales and easy for customers to move around in.

A shop in poor shape prevents customers from finding what they want, and dissuades them from going to some parts of the shop and stops them buying.

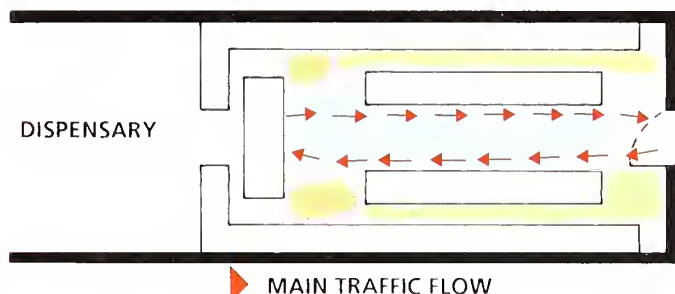
How many retail pharmacies in Britain are in poor shape? The answer is too many — and they all lose sales simply because they are badly designed for people. I've seen shops where the fitments are so badly placed that there are parts of the shop that customers cannot get to without hurdling obstacles or squeezing through the

Shop shaping

Getting the right shape for the sales area of your pharmacy is an important part of merchandising, says retailing consultant

John Kerry

Figure 1



MEDIUM TRAFFIC
 HIGH TRAFFIC

VERY LOW TRAFFIC
 LOW TRAFFIC

narrowest gaps between monstrous manufacturers' stands. These are rare exceptions, of course; most shops in bad shape look OK at first glance.

Good design

The objective of good shop design must be to lay out the fixtures and fitments in such a way that customers are directed around the greater part of the sales area unhindered, thus giving easy access to products they plan to buy, while encouraging them to make unplanned purchases. A somewhat long-winded concept, but if it's done right, the customers are happier and there will be more cash in the till.

Before looking at ways in which shops may be reshaped to improve turnover, let's look at some retail pharmacies I have encountered in my work as a consultant (see fig 1).

This is probably the most common shape for a retail unit: a double fronted shop, long and rectangular, the medicines counter at the rear and, with the dispensary behind. Long gondolas run almost the full length of the sales area.

Two problems are evident. By creating a corridor with the gondola fitments, the sales area is effectively reduced in size. Customers, particularly those making a beeline for the medicines counter, simply walk straight to the till and, once

experience. Very often a small shop with ambitions to expand buys out an adjoining unit, knocks through, and seals the second unit's door. Once the new space is fitted and stocked, the sales area has been much more than doubled. The proprietor is nearly always disappointed when counter sales fail to match the increase in floor area.

This shape is the result; it's the old shop with an extension to the side. The carpet between the door and counter gets very worn, while the right-hand side might die of neglect.

Traffic problems

The customer traffic problems in both of these shops are solved by careful attention both to shop shaping, and the placement of fitments and

3. Customers shop with their eyes — so they need to be directed towards the products.
4. Impulse sales are more frequent in retail pharmacy since most customers have only one or two demand purchases in mind.
5. All parts of the sales floor have to be accessible to all customers. Those which are not or are difficult to get to, will lose sales.

An additional important factor to consider, especially in the planning stage, is the position of various sections. As a general rule, essentials are best merchandised on the left-hand side, that is, where customers come in, while the less essential merchandise is best on the right-hand side. But remember, this is a rule of thumb only and every shop will have different priorities.

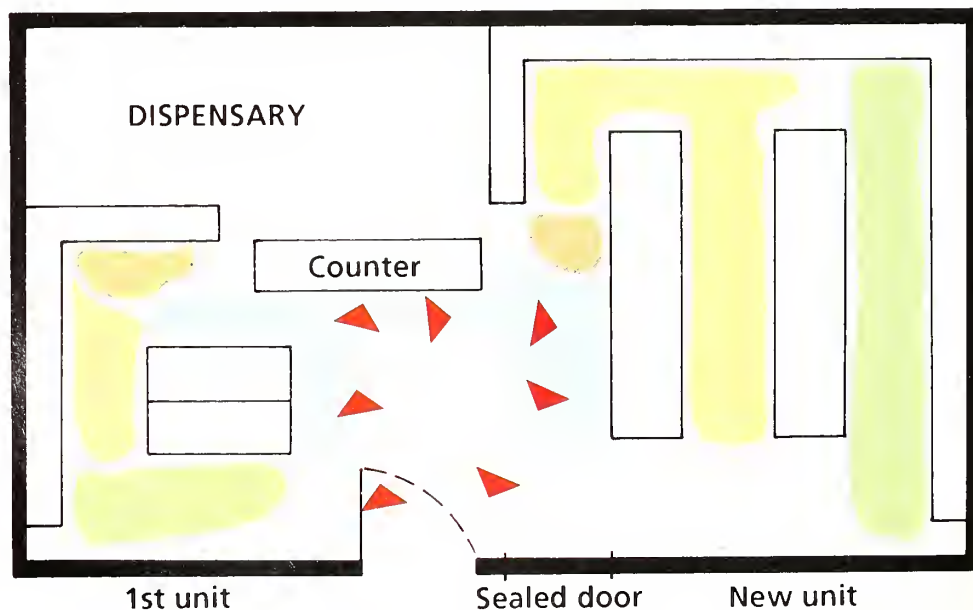
First encounters

For example, if your principal non-medical trade is in toiletries and hair care, these lines should be encountered first by customers and found on the left with associated products.

It's a natural sequence of events for your main customers to turn to the left as they enter, walk to the counter, pay, and having satisfied their principal objective, be more likely to glance around for other products — carefully sited impulse lines.

The layout of sections of the shop and the merchandising guidelines to employ are separate subjects. Ideally therefore, if you have a second till point, it should be

Figure 2



served, take the same route back. Customers with more time are dissuaded from walking down the left-hand side of the shop, because the open door and left hand gondola together form a barrier. The right hand side is more likely to be visited by customers (see fig 2).

The second example is also quite common in my

fixtures. Customer flow is the key to success and this can be orchestrated, but not entirely controlled, by directing them in a logical route around the shop.

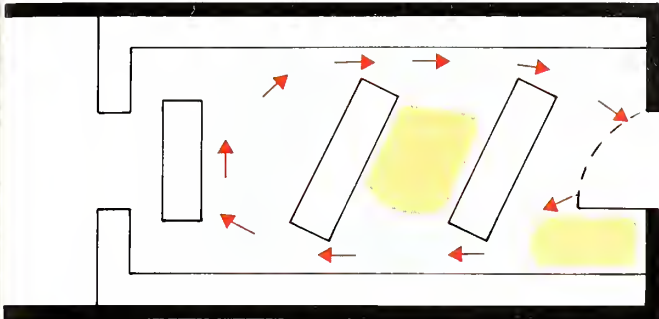
The rules that govern the subject are:
 1. Customers take a clockwise route around a shop.
 2. Customers will take this route only if the direct route to their goal is blocked.

positioned on the right-hand side near to the exit, to catch customers who make decisions after they've been to the till on the medical counter.

Here are some conventional and difficult shop shapes with suggested layouts to maximise customer flow, customer convenience and sales (see fig 3).

This is the first example

Figure 3



again. The gondolas have been reduced in length and angled in such a way that customers will find the clockwise route much easier. Because they are angled, all of the merchandise on the front door side is visible as customers walk towards the counter, while the other sides are equally visible on the return trip (see fig 4). The second example is not an ideal shape and there is no ideal solution. In this proposed layout, the old sealed-up door is brought back into use; three short gondolas are positioned end to end and angled in such a way that customers entering are gently persuaded to move in a natural clockwise direction. It may be wise to reposition the counter as shown.

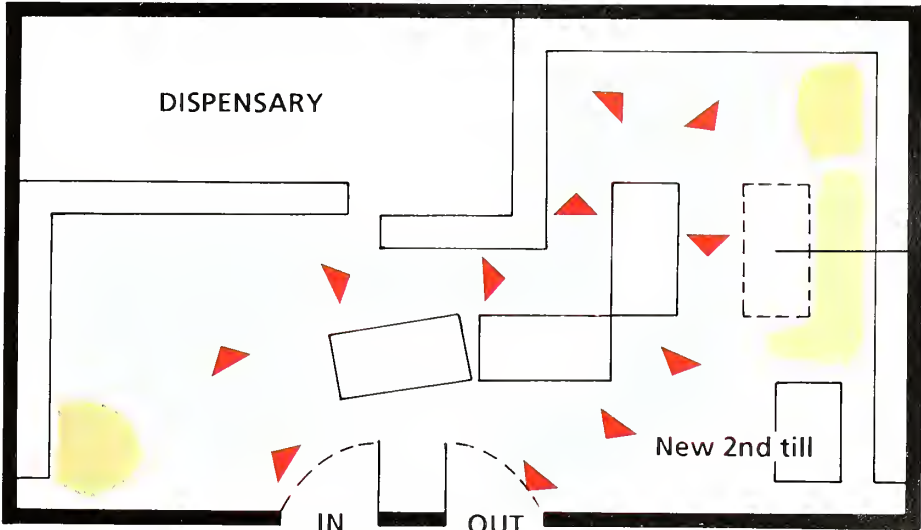
Extending back

The long narrow shop often starts as a conventional pharmacy shape at the outset,

then grows backwards, because that's the only way to go. The long gondolas, parallel with the walls are an obvious answer and not necessarily bad for customer traffic flow, although there's a less than even chance that customers will return the way they came. The biggest problem with this shape is that it is boring and featureless. By splitting and angling the gondolas, the walls are broken up and traffic flow around the shop is likely to improve. The larger shop, no matter what the shape, often

takes on a guise of a small supermarket; gondolas in neat rows, waiting for the basket carrying throngs. More than half of the customers head straight for the medicines counter and straight out again. There are many alternatives, all better than this. The one drawn offers customers a choice of routes, but not one of them leads straight to the medicine counter. Of course, a shop of this size with this many fitments needs department signs as a further aid to customer traffic flow and sales.

Figure 4



Low traffic area would be eliminated if optional gondola not employed

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Amid all the talk of our extended role and the preparation for it, I recently read that the Barnet community pharmacists' initiative has now gone into its second phase. The first group, which trained specially in the giving of advice, now advertise this fact — tastefully and discreetly, of course — to the general public who apparently flock to these pharmacies to consult and be counselled, to such good effect that a further wave of pharmacists are now preparing for this extended role.

I salute them all, but sadly I am unable to rid myself of several niggling doubts.

Obviously, and heaven forbid, the man or woman coming in off the street to use this service cannot be asked to pay for it. Part of its attraction for the public must be that it is free; so who is paying these pharmacists, and others like them, for their time and efforts?

As I read it, the Health Secretary Virginia Bottomley, although clearly mindful — and never hesitant about saying so — of the sterling qualities and services that the nation's community pharmacists provide, and approving of their eagerness to establish an extended role, still appears loath to devote any real extra money whatsoever in the way of payment for these efforts.

'Trim' campaign

In view of her continuing campaign to trim the NHS to the bone so as markedly to reduce costs, community pharmacists must be naive simpletons or eternal optimists to expect anything else.

It may be argued that the goodwill these schemes engender result in the maintaining and building up of customer numbers, thus paying for the pharmacist's time by increased sales.

A beautiful thought, but don't these very same people, once counselled, then head off to Sainsbury's or Tesco's for their cut-price toiletries or to Superdrug for their reduced perfumes — or worse, have them poking out of their carrier bags as they sit in the consulting corner, unburdening themselves to a sympathetic pharmaceutical ear?

An even greater puzzle to me is how pharmacists giving this type of service manage to be in two places at once.

As well as performing an extended role, swapping hypodermic syringes for addicts, and making domiciliary visits, how are they still able, without the benefit of a second pharmacist, to supervise the sales of medicines, perform or supervise dispensing and carry out the other legal and managerial tasks with which we while away our time, without becoming candidates for help from Alan Nathan's "Royal Pharmaceutical Society members under stress" scheme?

Obviously some of their preparatory training must be role play, not just in performing counselling, but also in giving a

An extended role too far?



As health service costs are pared to the bone, Theo Tynne asks if the extended role will lead to over-extended pharmacists

credible and convincing impression of a bee.

The training must also be extremely intense, to cover all the aspects of all the problems on which they may be required to counsel. Can I be really sure and confident, I ask myself, that an afternoon course in paediatric diseases, complete with colour projections, would equip me, say, to distinguish at a glance, heat rash, nettle rash, nappy rash or chickenpox?

In this, as in other fields, medical textbooks abound with illustrations of atypical examples, and most GPs, with the possible exceptions of the newly qualified, or those approaching retirement, usually hedge their bets when expressing an opinion.

Will a few weekends of lectures, some reading and long-distance learning, whether voluntary or mandatory, magically transform me into a combination of poor man's doctor and paramedic?

Informal counsel...

Informal counselling, I hasten to add, I do aplenty — and I did it for quite a few years before the term came into use.

Counselling in a consulting room or private area, though, I am less than happy about. Apart from giving carte blanche

to those of my customers, and every community pharmacist must have some, who are always ready to regale me interminably with their detailed medical histories and reminiscences, I do not wish to spend long periods physically removed from the dispensing, my professional and financial *raison d'être* and core role.

Good deregulation

I welcome our recently acquired ability to recommend and sell deregulated creams and pessaries for vaginal thrush, but, as a mere male, I also welcome, when doing so, the presence of one or more of my female assistants visible and reasonably near.

Lack of a consulting room appears in no way to inhibit customers seeking these products and advice and, in my own mind at least, protects me from any supposition, by either the public or my staff, that my interest is anything other than strictly professional.

Now condom manufacturers are also advocating the valuable, confidential service community pharmacists could provide — again in this private consulting area we all should have — by advising customers who may be unsure of the correct purpose, application

and usage of condoms.

This made me realise just how churlish and misunderstanding I have been all these years, rushing out of the dispensary to send packing the giggling schoolchildren or yobish young men at the Durex stand who often attempt to embarrass my female assistants.

Condom help cry!

There was I, misjudging what was really a cry for help, and failing to respond with the suitable tutorial they were in fact attempting to request.

Still, one is never too old to repent, to learn and, perhaps, even to extend one's role a little.

We should realise though, right from the start, that payment for this, given the Government's clear intentions, will come out of the already fixed overall NHS sum allocated to chemist contractors.

However much we may be rewarded for our initiatives, this will result in us being paid correspondingly less for our main dispensing duties, although we might believe that to be financially impossible.

The logical conclusion to all this could even be a majority of community pharmacists resentfully subsidising, out of their shrinking NHS payments, those few of their colleagues who are pressing eagerly forward, fearlessly extending the boundaries of modern pharmaceutical practice.

We must watch carefully of the attitudes of our partners in community healthcare to our aspirations.

Treat for GPs?

GPs always appear to welcome our undertaking the treatment of their patients' minor ailments, if only because it reduces the numbers of those who would otherwise be attempting to surmount the usual hurdles of surgery receptionists-cum-instant-telephone-diagnosticians and a three-day waiting period for a doctor's appointment.

Our being paid for taking on any of their perceived roles on a regular basis would be seen by GPs as a threat to the payments they receive for doing them and would therefore be implacably resisted, as only doctors know how.

Then, as demarcation lines became fudged and redrawn, the call would be heard throughout the land for doctors, in return, to be to dispense for their patients.

The basic NHS tenet, already under threat — that doctors prescribe and pharmacists dispense — might finally disappear without trace.

Worth retaining?

What we community pharmacists have at present may be not as good as the croc of gold shimmering at the end of that rainbow, but it is still worth retaining.

Let's just make sure that, in reaching forward, we don't overbalance and lose some of what we already have.

The mother of a six year-old boy with asthma asks your advice while you dispense this prescription. When her son has a cold she gives him Calpol; he's had one for a while. He's not sleeping well and lately has been using his blue inhaler two to three times daily, two or three days each week. When he started using the brown one two months ago he was able to stop using the blue one. She believes he may be allergic to an additive in Calpol

Q

1. Is she correct?
2. What else might account for an increased use of the bronchodilator?
3. What action do you suggest?
4. Might a rotahaler be difficult for children to use? What alternatives might be appropriate?
5. Can you suggest any other measures which would help?

A

1. It's possible but unlikely. Deterioration in asthma control is often indicated by an increase in the use of a bronchodilator to obtain relief from acute symptoms. In this case, the mother has been vigilant and

detected a small change which may or may not indicate deterioration; the fact that her son is not sleeping well may be due to nocturnal asthma symptoms or to the viral infection. On the evidence available, sensitivity to an additive cannot be excluded, but it is not common and a history of earlier sensitivity should be sought to confirm the risk.

2. Several possibilities exist: there may be a real deterioration in asthma possibly associated with acute respiratory infection; alternatively, compliance with steroid prophylaxis or technique with the rotahaler may have become poor.

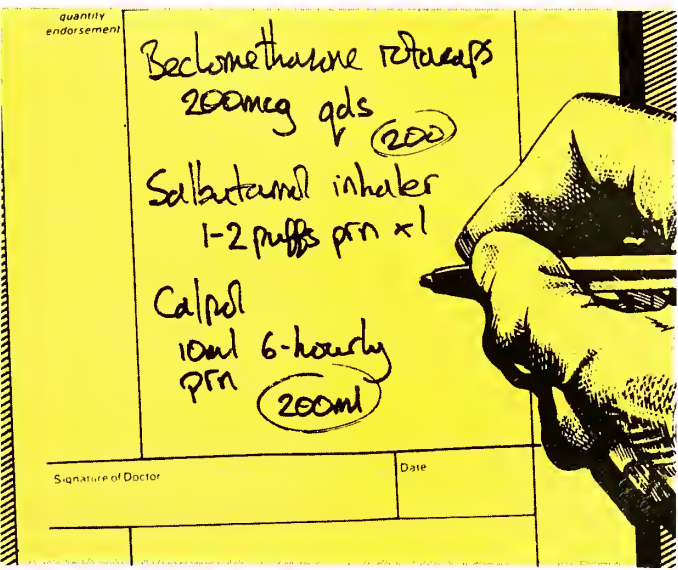
3. It is important to refer to the GP promptly when asthma control worsens but it may pay to check the boy's technique and compliance first. These are the two commonest reasons for treatment failure, and they should be checked periodically even when instruction has initially been successful. Poor technique is unlikely to be a problem with a rotahaler since there is no need to co-ordinate actuation and inhalation. Compliance should improve if

the dose frequency is reduced to twice daily. It may be asking too much for a child to use two different inhaler devices, so standardisation might also help.

4. The rotahaler requires quite a strong inspirational effort to inhale an effective dose. A six year-old should be capable of achieving this but it's another

check worth making. A turbohaler would be simpler to use, and an autohaler would require less effort.

5. The family should be involved in and understand the management of a child's asthma. Recommend one of the asthma charities as a source of information and support.



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Sunday trading is illegal, say Law Lords

The Law Lords have upheld the 1950s Shops Act which makes trading on Sundays, with a few exceptions, illegal.

The ruling follows an appeal by B&Q, who have been trying to establish their right to trade on Sundays for five years.

The Law Lords' ruling follows a decision by the European Court of Justice last December, which upheld the legality of the Shops Act under the treaty of Rome.

In light of the decision, local authorities have effective power to prosecute companies which flout the law.

The shopworkers' union USDAW welcomed the news,

saying: "There can no longer be any further excuse for retailers to disobey the law in England or Wales, or for local councils to turn a blind eye to illegal Sunday trading."

The law is there for the protection of shopworkers and the public and until Parliament makes changes to it, the present act is the law of the land."

The Shopping Hours Reform Council tried to put a positive gloss on what is bad news for them.

A statement reads: "Today's ruling clears the way for the Government to bring forward its proposals for reform."

It is pledged to bring in reform of the Sunday trading laws in an election manifesto. The same commitment has been given by the Home Secretary."

The Government has not yet given a timetable for its own bill, in which they plan to offer Parliament three alternative strategies.

Ray Powell's private member's bill on Sunday trading, which is designed to limit deregulation, has completed its committee stage. However, the Government is not expected to give it a clear passage through its final stages, so it is not expected to become law.

Phillip Harris acquire Scotlab

Phillip Harris Holdings have acquired the general laboratory equipment supply business from Scotlab Ltd.

The consideration for the assets of the business is £500,000 plus stock at valuation estimated to be £40,000 and has been satisfied in cash.

A further cash payment of up to £100,000 is payable during the next 12 months, subject to the smooth transfer of the business and to the achievement of certain turnover targets.

Scotlab do not produce separate management accounts but from information available Phillip Harris have been advised that for the year to September 30, 1992 a nominal profit on a turnover of approximately £1.6 million was made. The value at that date of the assets being acquired was £60,000.

Scotlab will be incorporated into the Phillip Harris Scientific sales and distribution office in Glasgow. This acquisition enables Phillip Harris to extend their distribution network in Scotland.

In a separate move Phillip Harris propose to raise £5m by way of a rights issue of new ordinary shares. Holders of ordinary shares have been offered one new ordinary share for every three ordinary shares held at a price of 200p each.

ICI countdown to demerger

ICI have announced their expected timetable for the demerger of Zeneca, their pharmaceutical businesses. This also includes the timetable of a rights issue associated with the demerger.

- April 21: Publication of Zeneca pathfinder prospectus

- May 12: Publication of Zeneca prospectus. Circular despatched to ICI shareholders setting out details of the proposed demerger and Zeneca rights issue

- May 28: Extraordinary general meeting to approve the demerger

- June 1: ICI shares commence trading following the demerger. Zeneca fully paid and nil paid shares commence trading.

However, the exercise is not going through without hiccups. ICI are testing the idea that Zeneca shares may be regarded as income rather than capital, which would cause problems for trustees with ICI shares, with a test case in the courts.

Medeva rights issue

Medeva have announced a rights issue to raise £94.4 million. The one for four issue will create 54,069,685 new shares at 180p per share.

The money is to pay for German pharmaceutical firm Ribosepharm which specialises in products for the treatment of cancer. Medeva are paying £52.3m for the business; the balance will be used to eliminate their gearing.

Coming Events

Axon at Hadley Hutt seminar

PSNC secretary Stephen Axon will be present at the Hadley Hutt "Pharmacy profitability" seminar which is being held at their headquarters on April 25.

The company says it is concerned about the impact of the government proposals for a 2,000 items a month threshold on the profitability of smaller pharmacies. Chairman Mike Hadley says: "As they stand, the proposed government changes on professional allowances pose a serious threat to the viability of the smaller pharmacy. Through this seminar we aim to help individuals pinpoint the areas where improvements in profitability can be made."

The seminar will involve talks from pharmacists and an opportunity to view the company's software. Places are limited; to reserve a place contact Anna Bulter on 0905 795335.

Self-help and support

"Self-help and support groups — the extended role of the pharmacist" is the title of a one day conference being held by the South East England Region of the Royal Pharmaceutical Society at the Gatwick Penta Hotel on Sunday, May 16. The registration fee is £15. Details from Cath McClelland, Department of Pharmacy, University of Brighton, Cockcroft Building, Moulsecoomb, Brighton BN2 4GJ (tel: 0273 642081).

Monday, April 12

Portsmouth Branch, RPSGB at The Abbey Hotel, Romsey, 7.30pm for 8pm. AGM followed by Quiz.

Tuesday, April 13

Fife Branch, RPSGB, at Dunnikier House Hotel, Kirkcaldy, 7.45pm. Annual Meeting followed by 'Hypnosis' by Dr Ken Ritchie, Inverkeithing.

Oxfordshire Branch, RPSGB, at the Post Graduate Medical Centre of the John Radcliffe Hospital, 7.30pm for 8pm. 'Treatment of renal anaemia', Chris Winnearls, Consultant Nephrologist at Churchill Hospital.

Wednesday April 14

Cardiff and South Glamorgan Branch, RPSGB, visit to Prescription Pricing Bureau, St. Andrews Crescent, 7pm. Buffet provided.

Thursday April 15

Dundee and Eastern Scottish Branch, RPSGB, in Lecture Theatre 2, Ninewells Medical School, 8pm.

'Essential Fatty Acids in ME'. Dr David Horrobin, Medical Director Scotia Pharmaceuticals.
Edinburgh & Lothian Branch, RPSGB, 7.45pm. Annual Meeting. Contact Secretary on 031-556 4386.

Friday April 16

Northumberland Branch, RPSGB, Post Graduate Teaching Centre, Newcastle General Hospital 8.00pm. Annual meeting and address by David Sharpe, chairman, PSNC.

Advance information

Society of Cosmetic Scientists. Lecture on 'Sun Protection' by Dr Brian Diffey, on May 6, 6.30pm for 7pm at Cedar Court Hotel, Wakefield. Non-members welcome.

The Cosmetic Toiletry & Perfumery Association. 1993 Annual Dinner on May 20 in the ballroom of the London Hilton, Park Lane, London W1. Booking forms to be returned to Fiona Hesketh, CTPA, 35 Dover Street, London W1X 3RA no later than May 7.

SKB to market testosterone patch

Smithkline Beecham have announced agreements with Ono Pharmaceuticals, Theratech and Ciba-Geigy.

SB and Theratech Inc have signed an agreement in principle to market a transdermal testosterone patch for the treatment of hypogonadism. The Theraderm-LRS patch is intended to replace testosterone injections, the current regime used to treat hypogonadism.

Theratech is responsible for the clinical development of the patch which is in Phase III trials in the US and Sweden. SB will pay licence fees and milestone payments to Theratech, who will retain manufacturing rights under the agreement.

SR One, the venture capital arm of SB, will purchase an additional \$1.5 million equity position in the company.

An agreement to co-operate in the development and marketing of an oral penem antibiotic has been announced by SB and Ciba-Geigy. Penem antibiotics represent a class of anti-infectives with a broad spectrum of activity which gives a wide range of indications for the drugs.

SB and Ciba have equal access to marketing rights in all countries except Japan and Far East territories, where Takeda is Ciba's licensee. Takeda has entered Phase II studies with this antibiotic in Japan.

Ono and SB have signed an agreement to cross-licence two compounds:

- Ono have granted SB the option to acquire exclusive development, manufacturing and marketing rights to the leukotriene antagonist Ono-1078 being developed by Ono for the treatment of asthma. The compound is in Phase II trials in most European countries. In the US, an IND is expected to be filed later this year.

- SB have granted Ono the option to acquire exclusive development and marketing rights to SB's steroid 5 alpha-reductase inhibitor epristeride (SKF-105657) being developed for the treatment of benign prostatic hypertrophy.

Fisons drop asthma drug

Development work on tipredane, a steroid compound for the treatment of asthma and rhinitis, is to stop. It was licensed to Fisons by Bristol-Myers Squibb and has been undergoing clinical trials in several countries.

Chief executive Cedric Scroggs said the drug had not shown the

Sir Cyril Smith has formally opened a £1 million generics packing plant for AAH Pharmaceuticals, in Burnley, Lancs.

Sir Cyril told the guests at the opening: "It is always a joy to be associated with enterprise, success and progress. AAH is a first class company and there is no doubt about its success and enterprise".

AAH Holdings non-executive chairman John Padovan said: "The plant is the culmination of a dream of Michael Payne" (AAH Pharmaceuticals' managing director).

"When Hillcross took on generics in the 1980s it gave new impetus to Hillcross and the company outgrew its Primrose Hill site. And the medicines control agencies insisted on structural improvements, so we made the decision to move to Hill's old warehouse, Walshaw Mill."

Grampian profits fall

Grampian Holdings plc, whose interests include veterinary pharmaceuticals, announced pre-tax profits at £6.64 million, down 30.9 per cent from £9.61m in 1991.

Overall turnover from their pharmaceuticals division saw an increase of 24.7 per cent from £40.06m in 1991 to £49.97m in 1992.

However, profits declined from £6.4m in 1991 to £5.2m in 1992 as a result of pressures in the UK on margins, higher operating costs and increased research and development costs.

Tenant liability law amendments made

The Lord Chancellor has supported the Law Commission's recommendation about radical changes to tenant liability law, but with two amendments.

First, a major change to privity — whereby tenants are liable to



Sir Cyril unveils a commemoration plaque watched by Michael Payne (right) and the Mayor of Burnley, Edward Ingham

Around £1 million has been spent converting this property to the necessary standard to pack generics. The facility now houses modern packaging and environmental technology, to minimise the risk of contamination of the

pharmaceuticals.

The Hillcross Pharmaceuticals subsidiary of AAH now packs 1 billion tablets a year, plus liquids. The company says this represents volume growth of 75 per cent over the past 18 months and 10 per cent of the generics market.

Jeyes clean up on profits

Jeyes Group plc have returned record sales and profit figures for 1992.

Pre-tax profits are up 31 per cent and turnover has increased by 45 per cent. Earnings per share improved by 16 per cent and a final dividend of 4.5 pence per share has been recommended, making 7.6 pence per share for the full year, an increase of 19 per cent.

Acquisitions continued to play an important part in the growth strategy for the group. Jimmy Moir, group managing director of Jeyes, said that the integration of Globol GmbH purchased in July 1992 is going to plan and early

results are well in line with forecasts made at the time of the acquisition.

The consideration for Globol was reduced from £18.1 million to £17.2m following negotiation on the completion accounts.

The UK remains the single most important market and the UK Consumer Division had a successful year with sales growing 13 per cent over 1991. In four product categories the division increased its market share.

New COSHH guide

A new free guide for employers on the requirements of the Control of Substances Hazardous to Health Regulations 1988 has been published by the Health and Safety Executive. It replaces the three existing HSE leaflets on the regulations.

New fax number

The fax number for BHR Pharmaceuticals has changed to 0203 327812.

Changing name

Thomas Kerfoot & Company Ltd, trading as Evans Kerfoot, will now be known as Medevale Pharmaservices Ltd.

Safety award

Nichol Beauty Products have been awarded a British Safety Council National Safety Award for its accident record in 1992. To achieve this award the accident rate must be 20 per cent below the national average.

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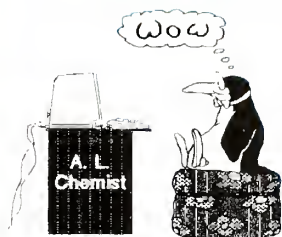
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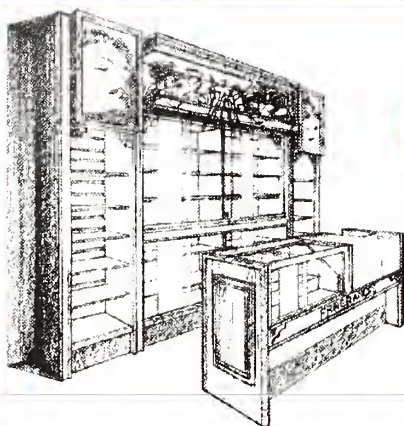
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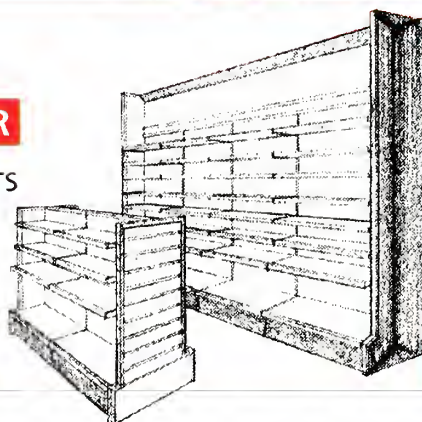
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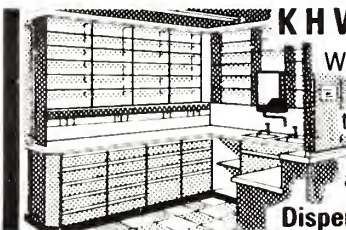
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 Drug Runs, Bow Cabinets, etc.
 Complete shop interiors purchased.
We try hardest, travel furthest, pay more.
Tel: (0327) 349249 Eves: 41192 Fax: (0327) 349397

CHEMIST — WANTED — PHARMACY
 Surplus Coloured Glass Bottles and Jars Wanted.
 Black Glass Jars. Drug Jars — Blue or Green.
 Blue Castor Oils. Coloured Soda Syphons.
 "Admiralty" Square Blue Poisons. Spare Stoppers.
 Common Blue "Not to be taken" Poisons — All shapes.
 Mixed Assortments of Surplus Bottles as above.
 Contact: Eric Padfield, 18 Mulberry Gardens,
 Sherborne, Dorset. Tel: 0935 816073 Fax: 0935 814181

URGENTLY WANTED
 Old bottles, jars etc. Shopfittings, cupboards,
 shelving, drawers, cabinets.
 Buyer collects all U.K.
 Telephone please anytime, 0372 373791
 or write to Robin Wheeler, 71 Highlands Road,
 Leatherhead, Surrey KT22 8NW.

Businesslink

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PHARMACIST MANAGERS

NW HANTS - £25,000 package envisaged for pharmacist manager for mainly dispensing pharmacy. Saturday half day. Accommodation over shop if required. Tel: 0264 323844.

FRODSHAM, CHESHIRE - Pharmacist required for mainly dispensing pharmacy. Excellent salary/package - job share considered. Tel: 0928 33236.

LOCUMS

SWINDON, WILTS - Locum required one day a week on a regular basis. Tel: 0793 692824.

LONDON SE4 - Locum required to cover on Sundays from 10.30am to 1.15pm. Tel: 081-692 2823.

WEST SUFFOLK - Locum required from May 11-21 incl (except May 15). Tel: 0638 7150 day 0638 713567 eve Mr Thompson.

LONDON NW - Locum required once a week. Tel: 071- 624 4734.

LONDON SE4 - Locum pharmacist required on Sundays 10.30am-1.15pm. Tel: 081-692 2823.

SITUATIONS WANTED

ESSEX & SUFFOLK - Community pharmacist available some Saturdays. Tel: 0255 672845.

NOTTINGHAM/DERBY/LOUGHBOROUGH and surrounding areas. Experienced, reliable pharmacist available for odd days or full weeks. Tel: 0602 731077 (answer phone) Judith Clark.

NORWICH, NORFOLK - Locum seeks long term employment commencing November 1993. Tel: 0603 702502 Mr Liddle.

BUSINESSES FOR SALE

BUSINESS FOR SALE SW12 near tube station. Turnover £240,000. NHS prescriptions £1,400 per month. Price asked £70,000 for goodwill, fixtures and fittings + SAV. Tel: 081-673 6288 Mr Patel.

SOUTH EAST KENT - Pharmacy with living accommodation. Annual turnover over £600,000. NHS items £6,000 + 25 years lease at £6,000 rent. Please write to R Patel, 52/54 Beulah Road, Thornton Heath, Surrey CR4 8JF.

EXCESS STOCK

TRADE LESS 30%+VAT - 2 Regaine (exp 8/93); 91 Nardil tabs (exp 6/93); 28 Corgaretic 40 tabs (exp 2/94); 42 Uniphylin 200mg tabs (exp 5/93); 90 Aldomet 500mg tabs (exp 4/94). Tel: 081- 994 2447.

ALLES 40% - 1 x 28 Molipaxin 150mg; 1 x 28 Carace Plus, 3 x 30 Provera 400mg; 1 x 100 Zofran 10mg; 1 x 500 Franol New Formula; 3 x 30 Provera 200mg; 70 caps Ilosone 250 mg. Tel: 0272 672851.

TRADE LESS 30%+POSTAGE - 340 Sine-met 275 (exp 11/96); 173 Sinemet Plus (exp 1/95); 50 Dermagard skin wipes. Tel: 031- 447 3042.

TRADE LESS 25%+VAT+POSTAGE - Manrex MDS plastic pill paks (unused) pink 58, yellow 28, white 7, small blisters 200, metal file. Tel: 0509 890520.

TRADE LESS 50%+VAT - 20 x 30 Tamofen 10mg tabs (exp 10/93); 1 x 30 Biotrol 35mm 32-735. Tel/fax: 031-447 9610.

TRADE LESS 50%+VAT+POSTAGE - Clopixol 200mg 1ml ampoules x 9 (exp 1/5/93). Tel: 0752 563592.

TRADE LESS 50%+VAT - 262 Aldactide 25mg; 100 Aldactide 50mg; 62 Aldactone 100mg; 160 Anafanil 10mg; 126 Buspar 5mg; 3 x 28 Corgard 40mg; 2 x 84 Catapres 300mg; 7 x 5 Kelfizine W. Tel: 09603 53253.

TRADE LESS 50%+VAT+POSTAGE - 100 Calci-chew (exp 9/93); 50g Ditho-cream 0.25% (exp 8/93); 224 Chendol 125 (exp 12/93); 60 Fluaxol 1mg (exp 9/93); 56 Stromba (exp 9/93); 1 Oxivent inhaler (exp 12/93). Tel: 0742 343615.

TRADE LESS 50%+VAT+POSTAGE - Bard Seton 7671 x 13 boxes; Uriplan DTL x 6 boxes; Sectral 200mg 4 x 56 (exp 96 & 97). Tel: 091 5262345.

TRADE LESS 50%+VAT - 380 Sabril; 60 Gastrozepine; 400 Nozinan; 56 Negram (7/93); 150 Opi-lon; 5 x 1ml Modocate conc 100mg/ml (exp 6/93); 2 x 10ml Mixtard (10/93); 3 x 10ml Human Mixtard (12/93); Tel: 0782 782742.

TRADE LESS 20%+POSTAGE - 9 x 60 Intal nebuliser solution ampoules of 2ml (exp 4/94); Trade less 30% - 2 x Sinemet - 275 100's (exp 8/93). Tel: 071-407 0051.

TRADE LESS 20%+VAT+POSTAGE - 60 Doralese 20mg; 16 Dalacin C 150mg; 1 x 3 Gyno Pevaryl pess 150; 28 Istin 10mg; 100 Lasix 500mg; 84 Persantin 100mg; 28 Navispare; 35 Neogest; 60 Natrilix; 100 Serenace 1.5mg; + others. Tel: 0769 80221.

TRADE LESS 40%+VAT+POSTAGE - 1 x 100 Diamox 250mg; 1 x 100 Imunovir-tabs; 1 x 100 Prestim tabs; 90 Rocaltrol 0.5mcg. Tel: 081-960 5454.

TRADE LESS 50%+VAT+POSTAGE - 40 Allegron 10mg; 28 Farlutal 500mg; 124 Gastrozepin Pl, 28 Rihibin 100mg; 28 Cordorone x 100, 3 Clopixol 500mg con; 8 box Hollister 3566. Tel: 0509 234231.

COST LESS 50% - Uriplan bags D5M 1 x 10, DTL x 5; Coloplast 5935 x 30. Tel: 0480 214355.

TRADE LESS 50%+VAT+POSTAGE - 4 x 575g Maxamaid x P Orange (exp end May 1993); 46 x 5mg Stromba (exp 9/93). Tel: 071-237 7684.

LATEX SURGICAL GLOVES small/medium/large sizes at £2.95/100 gloves. Tel: 071-226 8409 or 081-747 3232.

50% OFF Surgicare Colodress 5801 pouches 1 x 30; Colodress 5805, 11 x 12 Abcare needles No.20; 217 Roaccutane 20mg caps; 46 Roaccutane 5mg; 25 x 2 Picolax sachets. Tel: 071-226 8409.

COST LESS 30%+VAT+POSTAGE - Fortum inj 1g (exp 5/94). Tel: 0384 77555.

+VAT - Sulphadimidine tabs 500mg (exp 9/93) £6/100; Colodress Plus 5866 £30/30. Hollister 3115 - offers. Tel: 061- 370 1626.

TRADE LESS 50%+VAT - Dansac 38-63mm no.22138-1300 3 x 30; Convatec S297 1 x 30; Convatec S273 2 x 10; Biotrol Colos 40mm 32-540 2 x 30. Tel: 0332 42597.

TRADE LESS 30%+VAT+POSTAGE - 7 x 63 Normax caps (exp 97); 3 x Suprefact nasal spray (exp 3/94); 62 x sachets Questran (exp 5/94). Tel: 081-387 2791.

TRADE LESS 40%+VAT+POSTAGE - Becotide 200; 89 Pondocillin; Dioderm 30g; Ionax scrub; Ionil T; Psoradrate 100g; 150 Fulcin 500mg; Metosyn cream 100g; Natrex 2.5mg x 100. Tel: 0232 612825.

+VAT+POSTAGE - Dothiepin 75 (exp 4/94) 28's for £2.75. Tel: 0865 890587.

WANTED

PORTABLE oxygen set; Narcan amp or inj. Tel: 0308 24350.

NOMAD CASSETTES - Secondhand, any quantity. Tel: 081- 989 0070 Mr Bhanot.

DIOCTYL tablets required. Tel: 0475 672193 Mr Gahin.

ENCYCLOPEDIA Britannica; Complete set. State edition and price req. Tel: 0245 264252.

FOR SALE

10% DISCOUNT - Group purchase, new Richardson Superfast 48655 x 100 byte computer. Complete with 14 pin dot matrix printer, colour monitor, endorsement, VADIS and full Coversure maintenance. Tel: 021-440 1642.

BMW 318i - Red/E reg. Radio/cassette/

sunroof/front and rear spoilers. Excellent condition/one owner/44,000 miles. Only £5,500 - AA inspection welcome. Tel: 041-445 2552.

CHEMTEC 2000 PMR computer labelling system. £150. Tel: 0204 883220.

RICHARDSON PMR SYSTEM expanded for 22,000 patients, interaction and automated ordering £400. Tel: 0308 24350.

ACCOMMODATION

FREE GOLF FOR FOUR worth £900 and villa with exceptional views over the 13th fairway of the famous Aloha GC Marbella. Sleeps six. All-in total price £580 per week. Tel: 0463 233261.

CARLA FORCAT, MENORCA - Two-bedroomed villa. Reduced to £23,000 for quick sale. Tel: 0254 55468 Mr Hibbins.

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Aboutpeople

New BPSA executive is elected

Delegates at the 51st British Pharmaceutical Students' Association annual conference elected a new executive on the final day of the conference in Nottingham.

Gianpiero (Jammy) Celino, an ex-Strathclyde student is the new president of the Association, Sharon Johnson, last year's membership secretary is the secretary general and Chris Poole of Aston University School of Pharmacy has been elected treasurer for 1993-94.

Garwyn Morris from Brighton is the membership secretary, Emma Doyle the graduate officer, Fraser Perman the sports officer and Nicola Hill the public relations officer. The undergraduate news editor is Sally Arnison from Bradford.

The 1993-94 area co-ordinators that have been elected are: Kirstine Murray in the northern area; Peter Seville in the western area and Fiona Madden in the Pennine area.



The BPSA Executive Committee 1993-94: (back row, left to right) Fiona Madden, Marie Claire Lenny, Chris Poole, Emma Doyle, Rachel Ellis, Zuber Mithcla, Sally Arnison, Peter Seville and Kirstine Murray; (front row) Fraser Perman, Sharon Johnston, Gianpiero (Jammy) Celino, Nicola Hill and Garwyn Morris

The 52nd BPSA annual conference will be held in Liverpool and is to be organised by Marie Claire Lenny and Rachel Ellis from Nottingham. The skiing officers responsible for the organisation of the annual skiing

trip are Zuber Mithcla and Martin Astbury.

Outgoing president Joel Hirst and the organisers of this year's conference, Maria Connolly and Claire Conway, were made Honorary Life Members.

Glyn Jones Award Winner

Dr Dai John, a senior research fellow of the Medicines Research Unit at the Welsh School of Pharmacy, has been awarded the College of Pharmacy Practice's 1992 Glyn Jones Award.

Dr John will use the award to support his investigation into how the public utilises advice given by pharmacists.

Dr John's research, based in a community pharmacy, will identify the consumers who request advice from the pharmacist and record their opinions on the nature and quality of advice they receive.

The Glyn Jones Award, worth £1,000, is open to all pharmacists. It provides financial assistance for relevant investigations into community pharmacy. The closing date for applications for the 1993 award is October 29. For further details tel: 0203 692400.

APS prize for Pharmacy 2000

Garwyn Morris, a student at the Brighton school of pharmacy is the winner of the APS presentation prize of £150 for his vision of "Pharmacy 2000".

Mr Morris forecast a greater role for pharmacists with the GP carrying out the diagnosis and the pharmacist prescribing the drugs — "a diagnosis form instead of an FP10".

"The true community pharmacist who would go out into the community," Mr Morris said. This would increase compliance and increase patients' confidence.

Therapeutic drug monitoring is another area where pharmacists could play an important role in helping to control patients' therapy outside of hospital, and in offering advice.

Concluding his speech he said pharmacists have to push themselves forward. Patients "have to come to us so we can put our skills into practice."

Kirstine Murray from Sunderland was the first runner up and received a cheque for £100. She hopes that "patients can be put first" and that pharmacists will be spending the "majority, not the minority of time with the patient".

In third place was Grant Irlam from Bradford who predicted a course extension to four years, centralised pre-reg applications, more group pharmacy practices and an increased involvement in a FHSA advisory role.

Appointments

Ron Anderson has been appointed managing director of Callitheke, the soft drinks company. He takes over from Claire Watson who has been promoted within the company.

Swansea pharmacist aids MND



David and Kay Beynon (centre) with Nigel Green of AAH Pharmaceuticals (right), Eddie Lemonheigh (left) and Anthea Lemonheigh (front)

When Swansea pharmacist David Beynon opened his new-look pharmacy it was a poignant moment for him and his wife Kay. The Vantage West Cross Pharmacy, on Aldrewood Road, has recently undergone a refurbishment and now includes a mobility aids display.

Mr Beynon has a personal interest in the range of aids for the disabled. Eight years ago Kay was suddenly struck down by Guillain Barre, a rare and little understood illness that can strike after gastro-enteritis, an infection, or even a vaccination.

Kay complained of feeling unwell one evening, three days later she was in a hospital intensive care unit, totally paralysed and being drip fed because she could not swallow.

Kay is now fully recovered and involved in helping others especially the local branch of the Motor Neurone Disease.

The chairman of the local MND, Anthea Lemonheigh officially opened the pharmacy and to celebrate David and Kay with AAH Pharmaceuticals, have donated a bath hoist to a new holiday home for the disabled.



Garwyn Morris received a cheque for £150 from Joyce Kearney, representing APS



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Andrew Inkola

